



Asthma Unlicensed Assistive Personnel Skills Checklist

Student Name: _____ **DOB:** _____ **Grade:** _____

Trainee Name: _____ **School Nurse:** _____

School Year: _____

Training & Return **Monitoring Date** **Monitoring Date**
Demo Date

Metered-Dose Inhaler (MDI)/Auto-Inhaler

	Y	N	N/A	Y	N	N/A	Y	N	N/A
Identifies & States Name of MDI									
States the Purpose for use of MDI									
States Symptoms of Asthma Attack									
States Location of Medication & Emergency Care Plan									
Follows procedure for use of MDI									
Identifies and correct problems with technique									
Assesses response to medication									
Responds appropriately to poor response to medication									

Valved Chamber/Spacer

Identifies & States Name of Spacer	Y	N	N/A	Y	N	N/A	Y	N	N/A
Follows procedure for assembly of inhaler with spacer									
States the Purpose for use of Spacer									
Identifies and correct problems with technique									

Compressor/Nebulizer/Inhalation Solution

Identifies & States Name of Inhalation Solution/Nebulizer	Y	N	N/A	Y	N	N/A	Y	N	N/A
States the Purpose for use of inhalation									
Follows procedure for assembly of Nebulizer									
States Symptoms of Asthma Attack/Need for Medication									
States Location of Medication & Emergency Care Plan									
Follows procedure for use of inhalation/ Solution/Nebulizer									
Identifies and correct problems with technique									
Assesses response to medication									
Responds appropriately to poor response to medication									

Nurse's Signature	Nurse's Signature	Nurse's Signature
UAP Signature	UAP Signature	UAP Signature