



## Nursing Assessment of Student Readiness to Carry/Self Administer Inhaler and Student Agreement

**School:** \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Inhaled Medication: \_\_\_\_\_

Yes	No	Factors	Comment
		<b>Required</b>	
		The parent/guardian has provided the health room with a completed and signed medication order form.	
		The order form has been signed by an authorized prescriber and has been endorsed by the prescriber that the student may self-carry.	
		The parent/guardian has provided back up medication for the health room.	
		The Medication to be carried has been verified as prescribed for the student and has a current expiration date.	
		<b>Student:</b>	
		<b>To Carry:</b>	
		The student has the desire and is willing to carry the medication and can verbally agree to the necessity of carrying the medication with him/her at all times.	
		The student can identify the signs/symptoms of his/her asthma.	
		The student knows which medicine to use for his/her signs & symptoms and understands that he/she must make a note of when he/she uses the inhaler at school and on field trips.	
		<b>To Self-Administer:</b>	
		The student is willing and physically able to self-administer his/her medication and verbalizes safe use of inhaler and importance of following health care provider orders.	
		The student can demonstrate the correct techniques for administering his/her medication. <ol style="list-style-type: none"> <li>1. Removes cap and shake if applicable</li> <li>2. Attaches spacer if applicable</li> <li>3. Breathes out slowly</li> <li>4. Press down inhaler for 10 seconds</li> <li>5. Repeats as directed</li> </ol>	
		The student can state the most common side effects of his/her medication.	



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	<p>Student can state the information that should be reported to the nurse or responsible adult:</p> <ol style="list-style-type: none"> <li>1. If symptoms continue or get worse after taking the medication</li> <li>2. If symptoms reoccur within 2-3 hours after taking the medication</li> <li>3. If experiencing side effects from the medication</li> <li>4. If running out of medication or the medication is close to the expiration date on the label</li> </ol>	
	<p>Student is willing to comply with school rules:</p> <p><i>To keep his/her inhaler with him/her at all times.</i></p> <p><i>The inhaler will be kept on his/her person and will not be left in locker or classroom.</i></p> <p><i>Report any issues (i.e. lost, stolen or broken devices).</i></p> <p><i>Not to share device with another student for any reason.</i></p>	
	<b>School:</b>	
	Faculty/staff members have been educated on how to recognize the signs and symptoms of an asthma attack and how to respond accordingly.	
	Bus Driver has been informed that student is self-carrying and can self-administer inhaler and the student's emergency plan has been shared with the bus driver.	

### Student agreement

I understand that permission for self-administration of the inhaler may be discontinued if I am unable to follow the safeguards established above.

\_\_\_\_\_

Signature of Student

\_\_\_\_\_

Date

I have read and agree with the above student agreement

\_\_\_\_\_

Print Name of Parent/Guardian

\_\_\_\_\_

Date

The student has/has not demonstrated knowledge about the proper use of his/her inhaler.



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to Carry/Self Administer Inhaler  
and  
Student Agreement**

**School:**

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Signature of Parent/Guardian

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Date