

School District
Nursing Assessment

Student Skills Checklist for Self-administration of Asthma Medication

Student Name: _____

Building: _____

Date: _____

Medication: _____

Skills Checklist

A. AUTHORIZATION FOR MEDICATION	YES	NO
1. <i>Authorization For Administration of Oral Medication at School</i> on file		
2. Licensed health care provider has instructed student in responsible & correct use (as indicated on oral medication form)		
3. Student demonstration to licensed health care provider or designee of skills necessary to self-administer (as indicated on oral medication form)		
4. Licensed health care provider has indicated need to carry medication		
5. Parent has provided a current asthma health history form		
B. SELF-ADMINISTRATION OF MEDICATION		
1. Student is capable of identifying individual medications		
2. Student is knowledgeable of purpose of individual medications		
3. Student is able to identify/associate specific symptoms with need for meds		
4. Student is capable/knowledgeable of medication dosage		
5. Student is knowledgeable about method of medication administration		
6. Student is able to state side effects or adverse reactions to this medication		
7. Student is knowledgeable of how to access assistance in emergency		
8. Student is able to identify safety issues: <ul style="list-style-type: none"> • No sharing of medications • Need for safe storage • Consistent placement of medication • Location of backup medication 		
C. STUDENT DEMONSTRATION OF SELF-ADMINISTRATION		
Refer to back side for <i>Taking Asthma Medications</i> (Children's Hospital & Regional Medical Center/American Lung Association) Nine steps for proper administration of a Metered Dose Inhaler (MDI)		
1. Student demonstration of correct self-administration technique		
2. Development of school oral medication plan with the student		
3. Student is capable of self-administration for the coming school year		

Student: _____

Signature

School Nurse: _____

Signature