

INHALER SKILLS CHECKLIST

Student Self-Administration SKILLS CHECKLIST

*Contact your school RN for the performance check and form completion.

Student Name: _____ Date: _____

School Nurse: _____

Skill	Performs skill in accordance to written guidelines	Requires further instruction and supervision
	Date	Date
1. Identify first and last name.		
2. Identify correct name and dosage of medication.		
3. Describe indications for use of inhaler.		
4. Remove cap from the mouthpiece. Shake inhaler for approximately two seconds. Attach spacer if ordered.		
5. Tilt head back slightly and exhale. Position inhaler by placing the mouthpiece in the mouth.		
6. Begin to inhale a deep breath slowly through mouth. After beginning the deep breath, press the top of the canister to release the medication. Continue to breathe in as slowly and deeply as possible for 3-5 seconds. Hold breath for 10 seconds.		
7. Wait approximately 1-2 minutes and repeat the above process if prescribed.		
8. Rinse mouth after inhaler use.		
9. State reasons for safety when carrying an inhaler: <ul style="list-style-type: none">• Other students may not touch it• No sharing of the inhaler• Name of student and medication must be on the device• Must be carried on student (do not leave lying around)• Student is responsible for bringing medicine to school daily• Notify the nurse immediately if inhaler is used		

I understand that I will lose my privilege to carry my inhaler if I break any of the above rules and procedures.

Student Signature: _____ Date: _____

School Nurse Signature: _____ Date: _____

Annual Review Dates: _____