



Student Skills Checklist for Self-administration of Asthma Medication

Student Name: _____

Building: _____

Date: _____

Medication: _____

| A. MDI INHALER | YES | NO |
|--|------------|-----------|
| Removes the cap to expose the mouth piece. Makes sure the mouthpiece and the opening where the medicine comes out is clean and free of debris and build-up | | |
| Shakes the inhaler gently back and forth and prime if needed. | | |
| Exhales fully and completely to empty the air from lungs | | |
| Places the inhaler up to mouth and seals lips around the mouth piece, making sure teeth are not blocking the opening of the mouthpiece. | | |
| Fills lungs with the medication and holds breath for 5-10 seconds. Then slowly breathe out. | | |
| Repeats steps 1-5 for each prescribed puff. Waits one minute between puffs. | | |
| Avoids exposing the MDI to extreme temperatures. Follows manufacturer's guidelines for care of the device. | | |
| Optional: "rinse and spit, then brush your teeth" after inhaled corticosteroids (ICS). | | |
| <input type="checkbox"/> Requires Supervision <input type="checkbox"/> Performs Independently | | |
| | | |
| B. SPACER/CHAMBER | | |
| Removes the cap and look for foreign objects. | | |
| Attaches inhaler to device. Shakes the inhaler gently back and forth and prime if needed. | | |
| Gently exhales fully and completely to empty the air from lungs. | | |
| Continues with steps 4-6 of the "Metered Dose Inhaler Skills Checklist" above. | | |
| <input type="checkbox"/> Requires Supervision <input type="checkbox"/> Performs Independently | | |
| | | |
| C. SPACER/CHAMBER WITH MASK | | |
| Looks inside the mask and chamber to be sure it is clean and free from debris or foreign objects. | | |
| If applicable, shakes the inhaler gently back and forth and primes if needed. | | |
| Covers both the mouth and nose, placing the mask on the face to make a good seal. Lifts the chin to open the airway. | | |
| Gently blows out all the old air from their lungs. | | |
| Presses down on the inhaler to actuate the medicine. | | |
| Avoids exposing the MDI to extreme temperatures. Follows manufacturer's guidelines for care of the device. | | |
| <input type="checkbox"/> Requires Supervision <input type="checkbox"/> Performs Independently | | |
| | | |
| D. DRY POWDER INHALER (DPI) | YES | NO |
| Removes the cap to expose the mouth piece. Makes sure the mouthpiece and the opening where the medicine comes out is clean and free of debris and build-up | | |
| Loads a dose into the device as directed. Holds the device as directed. | | |

| | | |
|--|--|--|
| Gently exhales fully away from the device and completely to empty the air from your lungs. | | |
| Places the inhaler up to your mouth and seals lips around the mouth piece, making sure teeth are not blocking the opening of the mouthpiece. | | |
| Lifts the chin and start to breathe in quickly and deeply, continues breathing in for 2-3 seconds. | | |
| Fills lungs with the medication and holds breath for 5-10 seconds. Then slowly breathes out. | | |
| Repeats steps 1-5 for each prescribed puff. Waits one minute between puffs. | | |
| Avoids exposing the MDI to extreme temperatures. Follows manufacturer's guidelines for care of the device. | | |
| Recommends "rinse and spit, then brush your teeth" after inhaling. | | |
| <input type="checkbox"/> Requires Supervision <input type="checkbox"/> Performs Independently | | |
| E. NEBULIZER | | |
| Places the medication in the nebulizer cup. | | |
| Places the air compressor on a hard surface and turns it on. Looks to see that mist is coming out. | | |
| If using a mask, places the mask on the face covering both nose and mouth. If using a mouthpiece, puts lips around the end of it to form a seal. It should never be outside the mouth. | | |
| Takes slow deep breaths until no mist comes from the mouthpiece. | | |
| Taps the cup to produce more mist. | | |
| Follows manufacturer's guidelines for care of the device. | | |
| Recommends "rinse and spit, then brush your teeth" after inhaled corticosteroids (ICS). | | |
| <input type="checkbox"/> Requires Supervision <input type="checkbox"/> Performs Independently | | |
| C. STUDENT DEMONSTRATION OF SELF-ADMINISTRATION | | |
| 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 | | |
| Comments: | | |
| | | |

Student: _____

Signature

School Nurse: _____

Signature