



Authorization to Carry and Self-Administer a Prescription Quick-Reliever Asthma Inhaler and Self Carry Student Agreement

Student Name: _____
 Prescribed Medication: _____ PRN every ___ hours

School Year _____
 Device: MDI DPI (circle one)

Guidelines

PARENT	STUDENT	NURSE
<ul style="list-style-type: none"> <input type="checkbox"/> A written physician's order or Asthma Action Plan (AAP- preferred) Order must also state that the physician supports the student to self-carry. <input type="checkbox"/> Provide the prescribed asthma inhaler (spacer strongly suggested) properly labeled. Two (2) inhalers may be requested (one for the student and one as backup in clinic) <i>Students participating in athletics may also be required to provide and additional inhaler to the NEISD athletic trainer/coach.</i> <input type="checkbox"/> Review Readiness to Self-Carry Assessment score and work with student if any areas need improvement. <input type="checkbox"/> Re-inforce proper inhaler technique at home. 	<ul style="list-style-type: none"> <input type="checkbox"/> Score greater than a 105 on the Assessment for Readiness to Self-Administer <ul style="list-style-type: none"> ➢ Fillable Self Carry Assessment Tool <input type="checkbox"/> InCheck Dial : Effectively and consistently demonstrate proper use the prescription inhaler <input type="checkbox"/> Student will compete the Self-Administration of Inhaler Medication- Student Agreement form below 	<ul style="list-style-type: none"> <input type="checkbox"/> Review assessments to ensure student can self-assess symptoms and administer medication correctly Assessment score(s) _____ InCheck Dial reading (s) _____ <input type="checkbox"/> Meet with the parent and student to sign this form agreeing to comply with NEISD protocols. Once Self-carry status is achieved: <ul style="list-style-type: none"> <input type="checkbox"/> Serves as liaison for all parties informing the student's teachers, coaches, extracurricular activity sponsors, and other district employees that the student may possess and self-administer their prescription asthma inhaler. This will be done confidentially and only on a need-to-know basis. <input type="checkbox"/> Reassess skills/technique per self-carry protocol

By signing this form, the student, parent/guardian indicate they understand and agree to follow this protocol. The nurse will collaborate with the prescribing physician as necessary to facilitate optimal treatment for the student.

Parent/guardian of student and student understand the removal of self-carry privileges may occur if the student does not follow the guidelines as stated on the **Student Agreement criteria (below) or NEISD policy.**

Student Agreement for Self-Administration of Inhaler Medication (student portion)

<p>I agree to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Follow my prescribing health professional's medication orders. <input type="checkbox"/> Use correct medication technique (InCheck Dial) <input type="checkbox"/> Not allow anyone else to use my medication under any circumstances <input type="checkbox"/> Keep a supply of my medication with me in school and on field trips <input type="checkbox"/> Notify my school nurse or health professional if the following occurs: <ul style="list-style-type: none"> ▪ My symptoms continue to get worse after taking medication ▪ My symptoms reoccur within 2-3 hours after taking the medication ▪ I think I might be experiencing side-effects of medication ▪ I begin needing inhaler more than twice per week <input type="checkbox"/> Check in with school clinic every 4-9 weeks (more frequent if experiencing symptoms) to perform Asthma Control Test /InCheck inhaler technique <input type="checkbox"/> I understand that permission to self-administer and self-carry of medication may discontinue if I am unable to follow the safe guards above. 	<p>Nurse verifies <input checked="" type="checkbox"/> student can complete the following items:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Verbalizes dose _____; frequency _____; cannot re-administer more than _____ times before coming to clinic <input type="checkbox"/> Verbalizes asthma symptoms /when to administer <input type="checkbox"/> Demonstrates proper inhaler technique of device MDI DPI (Respiclick) <ul style="list-style-type: none"> ▪ Removes cap; shakes (MDI only) - Attaches spacer (if applicable) ▪ Breathes out slowly - Actuates release of medication ▪ Proper inspiratory flow based on device (see below***) ▪ Holds breath for 10 seconds ▪ Repeat as directed, after one minute wait time <input type="checkbox"/> Verbalizes safe use of medication <input type="checkbox"/> The student has consistently demonstrated the proper inspiratory flow rate using the InCheck Dial for the device prescribed. *** 30-50 lpm- MDI; 60-80 lpm DPI
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Student Signature: _____
 Parent Signature: _____
 RN Signature: _____
 LVN Signature: _____

DATE: _____
 DATE: _____
 DATE: _____
 DATE: _____