

CANTON PUBLIC SCHOOLS HEALTH SERVICES

Medication Administration Plan Self-Carry/Self-Administration of Inhalers

School Year: September _____ to June _____

IMPORTANT INFORMATION

The student's self administration is monitored based on his/her abilities and health status. Monitoring may include teaching the student the correct way of taking the medication, visual observation to ensure compliance, recording that the medication was taken, and notifying the parent, guardian or licensed prescriber of any side effects, variation from the plan, or the student's refusal or failure to take the medication;

Permission to self administer medication may be rescinded at the school nurse's discretion for noncompliance of above requirements.

SAFETY ASSURANCES

- Student has shown the ability to identify the Albuterol/ProAir HFA inhaler.
- Student has shown the ability to verbalize the conditions in which he/she may need to self-administer the Albuterol/ProAir HFA inhaler.
- Student has demonstrated the ability to safely and appropriately self-administers the Albuterol/ProAir HFA inhaler.
- Student has demonstrated that he/she understands that the inhaler is NOT to be shared with another individual.
- Student has demonstrated that he/she understands he/she is responsible for carrying his/her inhaler in a secure and safe case or container.
- Student agrees to report to notify the school nurse within 1 hour of the self-administration.
- Student agrees that after 2 puffs, if there is not a marked improvement, he/she will go to see the school nurse immediately.
- Student agrees that if the inhaler is lost he/she will notify the parent and the school nurse as soon as possible.
- Parent has provided a second Albuterol/ProAir HFA inhaler to the school nurse as a back up supply.
- The licensed prescriber has provided a written order for self administration.
- The parent has provided a written order for self administration.
- Parent/student has been provided with a form to serve as documentation for the school nurse in the event the Albuterol/ProAir inhaler is administered.

AUTHORIZATIONS

I give permission for the school nurse to inform appropriate teachers and administrators that my child is self carrying and may self administer his/her Albuterol/ProAir HFA inhaler if needed.

Parent Signature

Date

I authorize permission my child to self carry and self medicate with his/her Albuterol/ProAirHFA inhaler as noted in the agreement above.

Parent Signature

Date

Student Signature

Date

I have evaluated the health status and abilities of this student and deem that he/she may carry his/her Albuterol/ProAir HFA inhaler for self-administration if needed.

School Nurse Signature

Date

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Medication Administration Plan Documentation of the Self-Administration of Albuterol/ProAir HFA Inhaler

STUDENT'S NAME: _____

DATE OF BIRTH: _____ GRADE: _____ HOME ROOM/TEACHER: _____

ALLERGY TO: _____

In compliance with the Canton Public Schools medication policy for self administration of medications, the following medication:

Albuterol/ProAir HFA Inhaler

was self administered by _____ on _____ at _____
Student/Delegated Staff Member Date Time

FOR THE FOLLOWING SYMPTOMS:

- First signs of a cold Upper Respiratory Infection symptoms: nasal congestion and discharge, nasal breathing, sneezing, sore or scratchy throat, cough, fever
- Mild wheeze
- Tight chest
- Shortness of breath
- Other _____

DANGER SYMPTOMS: GET HELP BY CALLING 911

- Medicine is not helping
- Breathing is hard and fast
- Nose opens wide
- Ribs show
- Can't talk well

I am aware that my child self administered his Albuterol/ProAir HFA inhaler on _____.
Date

Parent Signature

Date