

2019-20 School Nurse Equipment Log

The purpose of this log is to track usage of the durable medical equipment and medicine the Asthma and Allergy Foundation of America - St. Louis Chapter provided to your school. It can be submitted via fax (314-645-2022), by mail to the office address above, or by email to rnelson@aafastl.org, **no later than June 1, 2020**.
 Need another log? Print more copies directly from our website www.aafastl.org/RESCUE *****Please provide data only on equipment provided to you by AAFA*****

School Name _____ **School District** _____

School Address _____ **City** _____ **Zip** _____

Date you received your equipment _____ **School Nurse Name and credentials** _____

Number of asthma trained employees _____ **Professional Degree of Nurse** _____

Items Received (circle all)

	Albuterol Solution (qty_____)	Nebulizer (qty_____)	Spacers (qty_____)	Tubing kits (qty_____)	Peak flow mtrs (qty_____)
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Total # of students _____ **# students diagnosed w/ asthma** _____ **# students with asthma action plan** _____

Phone _____ **Email** _____

Check the boxes for all grades present in your school

Pre-K	K	1	2	3	4	5	6	7	8	9	10	11	12
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date	Equipment Used (list #, choose all that apply) 1-Spacer and/or spacer mask 2-Nebulizer/ Tubing 3-Peak Flow Meter	Did you use your school's stock albuterol? (Yes or No)	Outcome (use #) 1 - Return to Classroom 2 - Sent Home or to Non-ER Care 3 - Child went to ER 4 - Other (explain in notes)	Reason for Use (use #) 1 - Emergency Use 2 - Pre-treat for exercise 3 - Monitoring (for PFM) 4 - Having symptoms (URI/non-emergency) 5 - Other (explain in notes)	Known Asthmatic (Yes or No)	Other Notes (Please write legibly)
10/4/2019	2	Y	1	4	Y	

