2020-21 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, 2021.

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***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______)

Total # of students ___________________ # students diagnosed w/ asthma ___________________ # students with asthma action plan ___________________

Phone ___________________ Email ___________________

**NEW IN 2020-21** Approximate Number of students served with this equipment/albuterol (ie, # of kids on this log - not total instances, but total students. If the equipment was used 35 times on only 5 kids, put 5.)

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