

## 2017-18 School Nurse Equipment Log

The purpose of this log is to track the 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 [evandas@aafastl.org](mailto:evandas@aafastl.org), no later than June 1, 2018

**\*\*\*Please provide data only on equipment provided to you by AAFA-STL\*\*\***

<b>School Name</b> _____	<b>School District</b> _____
<b>School Address</b> _____	<b>City</b> _____ <b>Zip</b> _____
<b>Date you received your equipment</b> _____	<b>School Nurse Name and credentials</b> _____
<b>Number of asthma trained employees</b> _____	<b>Professional Degree of Nurse</b> _____

<b>Items Received</b> (circle all)	Albuterol Solution (qty _____)	Nebulizer (qty _____)	Spacers (qty _____)	Tubing kits (qty _____)	Peak flow mtrs (qty _____)
<b>Total # of students</b> _____	<b># students diagnosed w/ asthma</b> _____		<b># students with asthma action plan</b> _____		

**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"/>

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

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)
8/4/2017	2	Y	1	4	Y	

