

## 2018-19 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 [evandas@aafastl.org](mailto:evandas@aafastl.org), **no later than June 1, 2019**.

Need another log? Print more copies directly from our website [www.aafastl.org/RESCUE](http://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)
<i>8/4/2017</i>	<i>2</i>	<i>Y</i>	<i>1</i>	<i>4</i>	<i>Y</i>	

