

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 ktevebaugh@aafastl.org , **no later than Dec. 10th and June 10th of the current school year.**

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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_____)
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Total # of students _____	# students diagnosed w/ asthma _____	# students with asthma action plan _____
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Phone _____ Email _____

(ie, # of instances per schild in a day not total students . Each day a child uses the equipment should have a new line item)

Date	Equipment Used (list #, choose all that apply) 1-Spacer and/or spacer mask 2-Nebulizer/ Tubing 3-Peak Flow Meter	Was stock albuterol used? (Yes or No)	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)	Outcome (use #) 1 - Return to Classroom 2 - Sent Home or to Non-ER Care 3 - Child went to ER 4 - Other (explain in notes)	Outcome if equipment was not used (use #) 1 - Sent to ER 2 - Seak other non emergency medical help 3 - Sent Home 4 - Back to class 5 - Other (explain in notes)	Known Asthmatic (Yes or No)	Other Notes (Please write legibly)

