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| **Medication by Nebulizer Skills Checklist** | **Date Skill Verbalized / Demonstrated** | | |
| Follow the Six Rights of Medication Administration; **Right** student, **Right** medication, **Right** dose, **Right** time, **Right** route and **Right** documentation. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Wash hands | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Position the student in a comfortably seated position. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Place nebulizer on table or counter & plug into electrical outlet with ON/OFF switch in OFF position. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Place medication in the medicine chamber, following all medication administration steps.  Securely close the lid to the medicine chamber. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Attach a mouthpiece or facemask to the medicine chamber with an adapter. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Connect one end of the tubing to the medicine chamber and the other end to the nipple on the nebulizer compressor. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Turn on the compressor switch and watch for the medication mist to flow from the mouthpiece or mask. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| If mask is used place the mask over the student’s mouth and nose, securing it comfortably with the elastic strap that is attached. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| If a mouthpiece is used, have the student place the lips around the mouthpiece to make a seal. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Instruct the student to breathe in and out through the mouth slowly and completely. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Monitor the student for changes in respiratory rate or effort.  Initiate emergency procedures if indicated. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Continue to have the nebulizer dispense the medication until all the medication has disappeared from the chamber. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Document the procedure accurately. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| If symptoms have improved, the student may go back to class. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| If the equipment is not to be sent home for cleaning before the next treatment, disassemble and clean the medicine chamber, adapter, mouthpiece or mask and lid with soap and water; rinse thoroughly.  Soak for 30 minutes in a solution of 3 parts water to 1-part white vinegar; rinse thoroughly.  Lay all pieces on a towel, cover with a paper towel and air dry.  Store in a clean plastic bag. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Continued**

I have voluntarily received training and had an opportunity to ask questions about the above information.

I understand my responsibility and voluntarily agree to administer medication by nebulizer as outlined above during the \_\_\_\_\_\_\_\_\_\_\_\_\_school year.

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***Staff signature Date***

This staff member has received the above training and demonstrated sufficient understanding and skill in

administration medication via nebulizer.

Click or tap here to enter text.

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***Registered Nurse signature Date***