

Sample Report

This template may be used by the school division to develop a reporting form for the use of undesignated stock albuterol.

Undesignated Stock Albuterol Reporting Form

Demographics and Health History

School District: _____ **School Name:** _____

Type of Person: Student **Gender:** M F Non-binary

Race: American Indian/Alaskan Native African American Native Hawaiian/Pacific Islander
 Asian White Other: _____

Diagnosis/History of Asthma: Yes No Unknown

History of severe respiratory distress: Yes No Unknown

Was an asthma action plan available at school? Yes No Unknown

School Plans and Medical Orders

Individual Health Care Plan (IHP) in place? Yes No Unknown

Written school district policy on the administration of undesignated stock albuterol in place? Yes No Unknown

Does the student have a student specific order for albuterol? Yes No Unknown

Does the student have permission to self-carry their inhaler? Yes No
 If student self-carries, was medication available? Yes No

Has asthma medication been supplied to the clinic? Yes No
 If no, does the family need assistance identifying resources? Yes No

Incident Reporting

Date/Time of Occurrence: ____/____/____ : ____am/pm

Vital Signs: BP ____/____ Temp ____ Pulse ____ Respiration ____

If known, specify trigger that precipitated this episode: Exercise Illness/Cold Pollen/Dust
 Strong Odors/Smoke Acid Reflux Animals/Pests Mold Stress/Emotions Other: _____

Did reaction begin prior to school? Yes No Unknown

Is this the first time the student required use of the undesignated stock albuterol inhaler?
 Yes No

If no, has the student required use of the undesignated stock inhaler in the last 30 days?
 Yes No

Sample Report

Location where symptoms developed:

Classroom
 Cafeteria
 Health Office/Clinic
 Playground
 Bus
 Other

If other, specify: _____

Symptoms: (Check all that apply.)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Abdominal discomfort | <input type="checkbox"/> Diaphoresis | <input type="checkbox"/> Faint/weak pulse | <input type="checkbox"/> Stridor |
| <input type="checkbox"/> Blue lips and fingernails | <input type="checkbox"/> Difficulty breathing | <input type="checkbox"/> Headache | <input type="checkbox"/> Swollen throat/tongue |
| <input type="checkbox"/> Breathing hard and fast | <input type="checkbox"/> Difficulty swallowing | <input type="checkbox"/> Hoarse voice | <input type="checkbox"/> Tachycardia |
| <input type="checkbox"/> Chest discomfort | <input type="checkbox"/> Difficulty talking, eating, walking | <input type="checkbox"/> Hypotension | <input type="checkbox"/> Tightness (chest, throat) |
| <input type="checkbox"/> Cold/Illness | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Irritability | <input type="checkbox"/> Tired or lethargic |
| <input type="checkbox"/> Cyanosis | | <input type="checkbox"/> Loss of consciousness | <input type="checkbox"/> Vomiting |
| | | | <input type="checkbox"/> Wheezing |

Location the undesignated stock albuterol was administered: Clinic Other/Specify: _____

Location of undesignated stock albuterol storage: Clinic Other/Specify: _____

Undesignated stock albuterol administered by: School Nurse Other/Specify: _____

TIME ELAPSED

- between onset of symptoms and communication of symptoms: _____ minutes
- between communication of symptoms and administration of inhaler: _____ minutes

Disposition

Local Health District: _____

Standing Order Prescriber: _____

Notify prescribing MD? Yes No Unknown **Notify LHD?** Yes No Unknown

When was the parent/guardian notified of undesignated stock albuterol administration (time)? _____:_____ am/pm

Parent/guardian: Will come to school Currently at school Will meet student at hospital
 Other: _____

Was EMS notified? Yes No **Time:** _____:_____ am/pm **Transferred to ER:** Yes No

If yes, transferred via Ambulance Parent/guardian Other

Discharged after _____ **hours**

Hospitalized? No Yes If yes, discharged after _____ day(s) **Name of hospital:** _____

Adverse Event

Notify immediately Local Health Director/Physician notified of hospitalization, intubation or death.

Sample Report

Student Outcome

 Called 911

No EMS/911 transport. Refer to student health record for additional information. Parent instructed to follow up with a healthcare provider.

EMS/911 transported. The student was sent home from ER with parent/guardian or emergency contact. Instructed parent/guardian emergency contact to follow up with a healthcare provider and provide an updated/new Asthma Action Plan.

 911 Was Not Called

Returned student to class after following the student's Asthma Action Plan or standing order. Notified parent/guardian emergency contact and instructed to follow up with a healthcare provider. If needed, School Nurse requested an updated Asthma Action Plan.

Student sent home with parent/guardian or emergency contact and instructed to follow up with a healthcare provider. The student has an Asthma Action Plan on file at the school. If needed, the School Nurse requested an updated Asthma Action Plan.

Student sent home with parent/guardian or emergency contact. No Asthma Action Plan is on file. Instructed parent/guardian or emergency contact to follow up with a healthcare provider and provide an Asthma Action Plan.

School Follow-Up

Did a debriefing meeting occur? Yes No Unknown

Recommendations for changes? Protocol/Policy Training Education

Information sharing Other: _____

Optional Student Information

Name: _____ Grade: _____

Date of Birth: ____/____/____ Age: _____

Contact Information

Please provide contact information of the individual who completed this form.

Name: _____

Role: _____

Email address: _____

Phone Number: (____) - _____ - _____

Date: ____/____/____

The School Nurse will need to **complete all pages of this form** within three (3) calendar days after the administration of any undesignated stock albuterol. The local health department director/physician may request additional follow up information after any administration of undesignated stock albuterol for treatment of respiratory distress.

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