**EXAMPLE: UNDESIGNATED STOCK ALBUTEROL REPORTING FORM**

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

The school nurse will need to complete this report within three (3) calendar days after the administration of anyundesignated stock albuterol. The local health department director/physician mayrequest additional follow up information after any administration ofundesignated stock albuterol for treatment of respiratory distress.

Date of Event \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School district (no abbreviations) \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of school (no abbreviations):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name of person completing form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address of person completing form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number of person completing form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local Health District \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Standing Order Prescriber \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the parent been notified? ☐ Yes ☐ No

Does this student have a previously known diagnosis of asthma? ☐ Yes ☐ No

* If yes: Does this student have an Asthma Action Plan? ☐ Yes ☐ No
* Does this student have permission to self-carry their inhaler? ☐ Yes ☐ No
* Student self carries: medication available? ☐ Yes ☐ No

Has medication been supplied to the clinic? ☐ Yes ☐ No

* If no, does the family need assistance identifying resources? ☐ Yes ☐ No

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 albuterol inhaler** in the last 30 days? ☐ Yes ☐ No

 **Disposition or Outcome:**

* 911 was not called
	+ Returned to class after following the student’s Asthma Action Plan or standing order. Notified parent, guardian or emergency contact, instructed to follow up with a healthcare provider. If needed, the school nurse requested an updated Asthma Action Plan.
	+ Student sent home with parent, guardian or emergency contact. Instructed parent, guardian or emergency contact 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.
* Called 911
	+ NO EMS/911 transport (refer to student health record for additional information). Student sent home with parent, guardian or emergency contact. Parent, guardian or emergency contact instructed to follow up with a healthcare provider and provide an updated/new Asthma Action Plan.
	+ EMS/911 transported - The student was sent home from ER with parent, guardian or emergency contact. Instructed parent, guardian or emergency contact to follow up with a healthcare provider and provide an updated/new Asthma Action Plan.
	+ EMS/911 transported - Student hospitalized. Instructed parent, guardian or emergency contact to provide an updated/new Asthma Action Plan.

**Adverse Event** - **Notify Immediately**

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