

Training Record - Using a Nebulizer

School nurse checks each step as USP demonstrates competency and signs at end of document.

This checklist may be used in conjunction with training materials found within the [Maine Department of Education: Medication Administration in Maine Schools Medication Administration Procedure](#)

Procedure	School Nurse Initials
1. Review the 6 rights of medication administration: right student, right medication, right dose, right route, right time, right documentation. Six Rights Poster	
2. Attach the tubing, mouthpiece or mask, and medicine cup to the machine according to the manufacturer's instructions.	
3. Check to make sure the medication is not discolored, damaged, or expired, then twist off the top of the unit dose medication and empty the pre-measured medicine into the medicine cup.	
4. Student will use a mask, or mouthpiece. Encourage a proper seal with mask, or mouthpiece to insure effective delivery of medication.	
5. Turn on machine, ensuring there is a light mist of medication emitted.	
6. Instruct the student to breathe in normally until the medication is fully administered.	
7. Stop the treatment if you see foaming or bubbles in the medicine cup. The equipment may be defective, or the medicine may be contaminated.	
8. Turn off machine and remove the mouthpiece (or mask). Wash face if using a mask.	
9. If medication is an inhaled corticosteroid, rinse with water and spit after last dose, never swallow.	
10. Complete documentation per local procedure.	
11. Review common side effects of medication .	
12. Review when to call 911 .	
13. Wash medicine cup, mouthpiece or mask with mild soap and water, do not wash tubing, and air dry on paper towels.	
14. Store parts in clean, dry plastic storage bag labeled with the student's name. ³	

Competency Statement

USP Name _____ can describe the procedure to administer a nebulizer treatment and what to do in an emergency.

Signature of RN _____ Initials _____ Date _____

Training Affirmation

I have read the asthma action plan for _____. I have been trained and demonstrated competency in administering nebulized treatment and cleaning nebulizer parts and when to call 911. I have had the opportunity to ask questions and received answers to my satisfaction.

Signature of USP _____ Date _____