

**POMONA UNIFIED SCHOOL DISTRICT HEALTH SERVICES AND PROGRAMS
INHALER LOG OF MEDICATION ADMINISTERED**

	Date trained	Names	Initials
	_____ By RN		
NAME _____	B.D. _____	GRADE _____	SCHOOL _____
MEDICATION _____	DOSAGE _____		
TIME ADMINISTERED _____			
DATE RECEIVED _____	NUMBER _____	DATE RECEIVED _____	NUMBER _____
DATE RECEIVED _____	NUMBER _____	DATE RECEIVED _____	NUMBER _____

Date	Time & Dose	Init.	Date	Time & Dose	Init.	Date	Time & Dose	Init.	Date	Time & Dose	Init.

INDICATIONS/PRECAUTIONS: Asthma, use if the student is coughing, wheezing or short of breath. Observe the student for 10 minutes after each use. If no improvement noted call 911, the parent and school nurse.

SPECIAL HEALTH PROCEDURE: Pressure meter dose inhaler. Shake well before each spray. Prime the inhaler if not used in the past 3/14 days. To prime shake and spray away from your face once and repeat the procedure again 2 more times. Have child inhale the medication from the mouthpiece. Wait 1 minute and spray the second puff. Weekly, rinse the actuator with warm running water for 30 seconds from top and bottom. Air dry.

SIDE EFFECTS: Medication may cause increased activity, shaking, tremors, increased heart rate or headache.

SECTION 3