

## **STAFF PROCEDURE PERFORMANCE CHECKLIST**

### *For Managing Asthma in School*

Instructor signature signifies that the staff member successfully demonstrated competency in the management of the designated skill.

	<b>Date</b>	<b>Staff member performing procedure</b>	<b>Instructor signature</b>
MDI using Spacer/ Aerochamber with mask	_____ _____ _____	_____ _____ _____	_____ _____ _____
MDI using Spacer/ Aerochamber	_____ _____ _____	_____ _____ _____	_____ _____ _____
DPI	_____ _____ _____	_____ _____ _____	_____ _____ _____
Nebulizer	_____ _____ _____	_____ _____ _____	_____ _____ _____
Peak Flow Meter	_____ _____ _____	_____ _____ _____	_____ _____ _____
Electronic flow meter	_____ _____ _____	_____ _____ _____	_____ _____ _____
In-Check Dial®	_____ _____ _____	_____ _____ _____	_____ _____ _____
EpiPen® Autoinjector	_____ _____ _____	_____ _____ _____	_____ _____ _____
TwinJect® Autoinjector	_____ _____ _____	_____ _____ _____	_____ _____ _____