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| **Nasal Spray Skills Checklist** | **Date Skill Verbalized / Demonstrated** |
| * + 1. Follow the Six Rights of Medication Administration; **Right** student, **Right** medication, **Right** dose, **Right** time, **Right** route and **Right** documentation.
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| * + 1. Have the student blow their nose.
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| * + 1. Have the student block one nostril with a finger.
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| * + 1. Insert the nozzle of the inhaler into the other nostril.
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| * + 1. Aim inhaler so that the spray is directed upward and outward away from mid-line.
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| * + 1. Instruct the student to exhale.
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| * + 1. Squeeze the inhaler quickly and firmly, then instruct the student to inhale.
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| * + 1. Repeat as directed for the other nostril.
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| * + 1. Document on the Medication Request Form/ Record-Log that you have administered the medication.
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| * + 1. Replace medication in locked storage area.
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| * + 1. Observe the student for any medication reaction as appropriate.
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

I have voluntarily received training and had an opportunity to ask questions about the above information.

I understand my responsibility and voluntarily agree to administer nasal spray medication as outlined above during the \_\_\_\_\_\_\_\_\_\_\_\_ school year.

Click or tap here to enter text.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Staff signature Date***

This staff member has received the above training and demonstrated sufficient understanding and skill in administration of nasal spray medication.

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***Registered Nurse signature Date***