

CHILDREN'S/AISD STUDENT HEALTH SERVICES

NEBULIZER TREATMENT ORDERS

Student: _____

Student #: _____ Date of Birth: _____

_____ Nebulizer treatment ordered at school _____ Yes _____ No
(IF YES, CONTINUE BELOW)

EQUIPMENT: Parent or caregiver is responsible for providing all supplies needed for nebulizer treatment. Equipment must be sent clean, assembled, and in working order. A spare set-up must be supplied. Extra supplies can be stored at school. If nebulizer unit is kept at school, home is responsible for routine maintenance and servicing.

MEDICATIONS (Name of medication, Dose and scheduled times at school; include amount of saline if applicable)

HEART RATE:

Is heart rate check required prior to nebulizer treatment? No _____ Yes _____

If yes, complete remainder of this section; if not, continue at chest percussion.

Acceptable heart rate range to administer nebulizer treatment: _____ BPM (Beats / minute)

NOTE: If heart rate is out of acceptable range, parent/caregiver or physician will be notified. Nebulizer will not be administered without physician notification and guidelines.

Other Instructions Regarding Respiratory Care:

Physician's Signature

Date

Physician's Printed Name

Office Phone Number

Office Fax Number

Parent/Guardian's Signature

Parent/Guardian Phone Number

Date