Little Lungs
OF LONG ISLAND
Pediatric Cough Clinic
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SELF-CARRY ALBUTEROL ASSESSMENT FORM

1. Patient Information

Patient Name: _____ **DOB:** _____

Parent/Guardian: _____ **Phone:** _____

School: _____ **Grade:** _____ **Allergies:** _____

2. Medication Information

Medication: Albuterol 90 mcg/actuation

Device: ☐ MDI with spacer ☐ DPI

Dose/Instructions: 2 puffs every 4 hours as needed for wheezing, cough, shortness of breath, or chest tightness; may use 15 min prior to sports if applicable.

3. Self-Carry Readiness Assessment

Assessment Item	Yes	No	Comments
Identifies their rescue medication (albuterol).			
Can explain when the inhaler should be used.			
Recognizes asthma symptoms that require treatment.			
Demonstrates correct inhaler technique.			
Demonstrates correct spacer technique (if applicable).			
Knows to notify an adult/school staff after using the inhaler.			
Knows when to seek immediate help if symptoms do not improve or worsen.			
Carries medication responsibly and does not share medication.			
Can participate safely in sports/exercise with rescue medication available.			

4. Clinical Determination

Based on today's assessment, this student is:

☐ Approved to self-carry and self-administer albuterol independently
☐ Approved to self-carry with supervision/reminders
☐ Not approved to self-carry at this time

Restrictions / Additional Instructions: _____

_____

5. Emergency Guidance

If symptoms do not improve after albuterol, if breathing worsens, or if there is severe respiratory distress, notify a parent/guardian and seek emergency care / call 911.

Student/Parent/Guardian Signature: _____ **Date:** _____

Clinician Signature: _____ **Date:** _____

Clinician Name: Dr. Vicki Masson, M.D., FAAP, AE-C