



Procedure/Treatment/Home Care Si usted desea esta información en español, por favor pídasela a su enfermero o doctor.

#935

Name of Child:	Date:
Asthm	na Home Care Plan
Call Dr	at telephone number
	late) (time) ays after your child leaves hospital)
Things I want to talk to th	ne doctor about:
what to do: pets with fur or feathe furniture or outside	
	moking at home, sit in no smoking places
perfume: don't use the	em or be near people who do
□ dust: dust often, use w	vet mop, clean fans, change air filters every month
□ exercise, sports: take r	reliever medicine before being active
🗖 colds and flu: wash ha	ands well and often, get flu shot every fall
□ cockroaches: keep foo	d in tight sealed containers
☐ grass: stay off grass, go	in when grass is mowed, close windows and doors

□ stuffed animals: don't have them, or wash often or put in freezer for 1 hour
□ pollen: close windows and doors, use special air filter, keep away from flowers
☐ weather: stay in on high pollution days or windy days or take medicine before going out
🗖 other triggers:
☐ Do not know triggers yet; talked about all that are possible
 When you travel: Take your clean pillow. When you visit someone with pets, don't stay long. Ask your doctor if you should take controller medicine before you go. Sit in no smoking places.
 To do: Take your medicine when you should. Always use your spacer. Rinse your mouth after using your inhalers. Call your doctor if you are sick and not getting better for 1 to 2 days.
If you have any questions or concerns, call your child's doctor or call

If you want to know more about child health and illness, visit our library at The Emily Center at Phoenix Children's Hospital 1919 East Thomas Road Phoenix, AZ 85016 602-933-1400 866-933-6459

www.phoenixchildrens.org www.theemilycenter.org

Facebook: facebook.com/theemilycenter

Twitter: @emilycenter

Pinterest: pinterest.com/emilycenter

Disclaimer

The information provided at this site is intended to be general information, and is provided for educational purposes only. It is not intended to take the place of examination, treatment, or consultation with a physician. Phoenix Children's Hospital urges you to contact your physician with any questions you may have about a medical condition.

Friday, March 14, 2014 • DRAFT to family review #935 • Written by Cynthia Phares • Illustrated by Irene Takamizu





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Asthma Home Care Plan

Date returned: db		
Family Revie	w of Hand	out
Health care providers: Please Families: Please let us know		
Would you say this handout is hard to read	? 🗖 Yes	□ No
easy to rea	ad? 🗖 Yes	□ No
Please circle the parts of the handou	it that were hard to un	derstand.
Would you say this handout is interesting to	read?	□ No
Why or why not?		
Would you do anything differently after read this handout?	ding □ Yes	□ No
If yes, what?		
After reading this handout, do you have any questions about the subject?	∕ □ Yes	□ No
If yes, what?		

Is there anything you don't like about the	e drawings?	☐ Yes	□ No
If yes, what?			
What changes would you make in this h easier to understand?	andout to make it be	etter or	
Please return your review of this handou or send it to the address below.	ut to your nurse or do	octor	
The Emily Center Health Education Specialist Phoenix Children's Hospital 1919 East Thomas Road Phoenix, AZ 85016-7710	602-933-1395		

Thank you for helping us!