Name of Child: ______________________________   Date: ____________________

Asthma Home Care Plan

Call Dr. _____________________  at telephone number__________________

For an appointment on (date) __________________ (time)__________________
(3 to 5 days after your child leaves hospital)

Things I want to talk to the doctor about:

My triggers for RAD (reactive airway disease) or asthma, and what to do:

☐ pets with fur or feathers: don’t touch them, don’t sleep with them, keep them off furniture or outside

☐ cigarette smoke: no smoking at home, sit in no smoking places

☐ perfume: don’t use them or be near people who do

☐ dust: dust often, use wet mop, clean fans, change air filters every month

☐ exercise, sports: take reliever medicine before being active

☐ colds and flu: wash hands well and often, get flu shot every fall

☐ cockroaches: keep food 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 _________________
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.
Asthma Home Care Plan

Name of Health Care Provider: _______________________________

Date returned: ____________ ☐ db

Family Review of Handout

Health care providers: Please teach families with this handout.
Families: Please let us know what you think of this handout.

Would you say this handout is hard to read? ☐ Yes ☐ No

easy to read? ☐ Yes ☐ No

Please circle the parts of the handout that were hard to understand.

Would you say this handout is interesting to read? ☐ Yes ☐ No

Why or why not?

Would you do anything differently after reading this handout? ☐ 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 drawings?  ☐ Yes  ☐ No
If yes, what?

What changes would you make in this handout to make it better or easier to understand?

Please return your review of this handout to your nurse or doctor or send it to the address below.

The Emily Center
Health Education Specialist
Phoenix Children’s Hospital
1919 East Thomas Road
Phoenix, AZ 85016-7710

Thank you for helping us!