



PLACE LABEL HERE.  
IF LABEL NOT AVAILABLE, WRITE IN PT NAME & MR#

**ASTHMA DISCHARGE PLAN:**

Your child was admitted to UVA Children's Hospital with an exacerbation/flare of their asthma/wheezing. It is important for you to follow these instructions for your child's care at home, using the medications as directed and keeping all of your appointments. You may want to share this information with others who care for your child (Primary Care Physician, school, day care, or babysitters).

Your child has a follow up Appointment with \_\_\_\_\_

On \_\_\_\_\_ (day) \_\_\_\_\_ (date) At \_\_\_\_\_ (time)

The contact number for your appointment is ( ) \_\_\_\_\_

Call above physician to make appointment in 1-3 days.

**YOUR CHILD'S ASTHMA TRIGGERS ARE CHECKED BELOW:**

A trigger is any thing or condition that causes inflammation in the airways, which then leads to asthma symptoms. It's important to avoid those triggers in order reduce symptoms.

- Animal Dander** – The best thing is to keep furred or feathered pets out of your home. If that is not possible, then keep the pet out of your bedroom and keep the bedroom door closed. Cover the air vents in your bedroom with heavy material to filter the air. Remove carpets and furniture covered with pet fur from the home.
- Cockroaches** – Keep all food out of your bedroom. Keep food and garbage in closed containers (never leave food out). Use poison baits, powders, gels or paste (like boric acid) and traps. Stay out of room if spray is used.
- Cold air** – Cover your nose and mouth with a scarf on cold or windy days.
- Dust Mites** – Encase your mattress and pillow in a special dustproof cover. Wash sheets and blankets each week in hot water. Keep stuffed toys out of the bed or wash the toys weekly in hot water.
- Flu** – Children with asthma are at increased risk of developing a severe illness if they catch influenza. We strongly recommend that everyone with asthma and wheezing receive the Flu Vaccine, as well as everyone living in the house with them.
- Indoor Mold** – Fix leaky faucets, pipes, or other sources of water. Clean moldy surfaces with a cleaner that has bleach in it.
- Medicines** – Such as Aspirin, Ibuprofen, eye drops for glaucoma and some others may trigger your asthma. Tell your doctor about all the medicines your child may take.
- Pollen and Outdoor Mold** – Try to keep your windows closed. Stay indoors with windows closed during the midday and afternoon, if you can. Pollen and some mold spore counts are highest at that time. Ask your doctor whether you need to take or increase anti-inflammatory medicine before your allergy season starts.
- Smoke, Odors, and Sprays** – Try to stay away from strong odors and sprays, such as perfume, talcum powder, hair spray, and paints. If possible, do not use a wood burning stove, kerosene heater, or fireplace.
- Sports & Play** – Your child should be able to be active without symptoms. See your child's doctor if they have asthma symptoms with exercise, playing sports or working hard.
- Tobacco Smoke** – If you smoke, ask your doctor for ways to help you quit. Ask family members to quit, too. Ask for handouts on quitting smoking. Do not allow smoking in your home or anywhere around you. If exposed to smoke, change your clothes and wash your hands.
- Upper Respiratory Infections** like colds or sinusitis can increase wheezing.
- OTHER:** \_\_\_\_\_

Original to Medical Records    Yellow Copy to Patient/Family

**YOUR CHILD'S MEDICATIONS:**

- Your child was started on steroids while in the hospital. In the airways, the steroids reduce swelling and decrease mucus, both of which make breathing easier. It is important that your child complete the course of medicine.
- Your child was not started on steroids due to: \_\_\_\_\_

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Below is your Child's **Personal Asthma Action Plan**.

- It outlines the medications that he/she should be taking and what you should do if asthma symptoms get worse.
- You have been given an appointment with your child's doctor.
- It is very important that you keep this and all appointments so that your child's asthma can best be managed.

**Asthma Action Plan** for: \_\_\_\_\_

**MY ASTHMA IS IN GOOD CONTROL – DAILY MEDICINES – USE EVERY DAY**

Breathing is Good No cough or Wheeze Can work and play	Medicine	How Much	How to give	When to take
	<input type="checkbox"/> Inhaled steroids _____			
	<input type="checkbox"/> Singulair _____			
	<input type="checkbox"/> _____			
<input type="checkbox"/> 20 minutes before sports, use this medicine:				

**NO CONTROLLER MEDICATION NEEDED**

**MY ASTHMA IS SOMEWHAT CONTROLLED – USE DAILY MEDICINES PLUS ADD THESE QUICK RELIEF MEDICINES**

Child has ANY if the following:	Medicine	How Much	How to give	When to take
Cough	<input type="checkbox"/> Continue Daily Medications			
Wheeze	<input type="checkbox"/> Bronchodilator _____			
Tight chest	<input type="checkbox"/> _____			
Wakes at night				

**Call the doctor if Quick Relief Medicines are used more than two (2) times a week.**

**MY ASTHMA IS NOT CONTROLLED – TIME TO GET HELP FROM A DOCTOR RIGHT AWAY**

Medicine is not helping. Take these medicines until you see the Doctor.	Medicine	How Much	How to give	When to take
Breathing fast and hard	<input type="checkbox"/> Bronchodilator _____			
Nose opens wide	<input type="checkbox"/> _____			
Can't walk or talk well	<input type="checkbox"/> _____			
<input type="checkbox"/> May repeat 3 times, 20 minutes apart				

**CALL 911 (EMS) IF:**

- Your child's lips or fingernails are blue,
- Your child is struggling to breath, or can't talk or cry because of hard breathing
- Your child feels worse fast

Primary Care Provider Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Specialist Care Provider Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Management Plan Reviewed by: \_\_\_\_\_ PIC \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient signature (if child can read/write): \_\_\_\_\_ Date: \_\_\_\_\_

If applicable: Interpreter ID/Signature: \_\_\_\_\_ Date: \_\_\_\_\_