

## Terms To Know

**Asthma Action Plan:** a written plan created with your child's doctor to help manage your child's asthma

**Asthma Educator:** an asthma expert that works with patients and families to manage asthma and improve quality of life

**Child Life Specialist:** a healthcare professional trained to support children and families in coping with challenges during their hospital stay

**Community Health Worker:** a community member that can help with a variety of social and environmental services to improve quality of care

**Controller:** medication taken DAILY (even when no symptoms are present) to keep symptoms under control

**Pulmonologist:** a doctor that specializes in the lungs and respiratory system

**Rescue/Quick Reliever:** a fast-acting medicine which helps control symptoms quickly

**Spacer:** a tube that attaches to your inhaler to make it easier for medication to get into your lungs

**Triggers:** things that make your asthma worse

**Visiting Nurse:** offers specialized home care and support for families

---

## Important Contacts

Pediatrician/Healthcare Provider

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Pulmonologist/Asthma Specialist

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Pharmacy

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_



---

## Going Home with Asthma

Use this checklist to help prepare you for discharge home

**For Pediatric and Adolescent Patients and their Caregivers**

## Healthcare Providers

- I know when to call my child's provider about their asthma symptoms.
- I have an appointment scheduled with my child's provider.  
Date/Time: \_\_\_\_\_
- I have an appointment scheduled with my child's **pulmonologist\***/asthma specialist.  
Date/Time: \_\_\_\_\_

## Asthma Signs

I know my child's early warning signs/symptoms of asthma (check all that apply):

- Cough/Nighttime Cough
- Wheezing
- Chest Pain/Tightness
- Tiredness
- Shortness of Breath
- Itchy Throat
- Decreased Appetite
- Not Playing As Usual
- Other: \_\_\_\_\_

## Asthma Symptoms

I can identify my child's **triggers\*** and take steps to avoid them (check all that apply):

- Pests (Mice, Roaches)
- Mold
- Cold Weather
- Cold Virus
- Pets (Dog, Cat)
- Exercise (Talk to your asthma specialist about how to prevent exercise-induced asthma symptoms.)
- Stress/Anxiety
- Smoke
- Other: \_\_\_\_\_

## Additional Asthma Support

- I met with an **Asthma Educator\*** during my visit.
- I met with a **Child Life Specialist\*** during my visit.
- I was offered a **Community Health Worker.\***
- I was offered a **Visiting Nurse.\***

## Medications/Devices

- I understand my child's **Asthma Action Plan.\***
- I know what medications my child needs and how to use them correctly.
- I know the importance of using a **spacer\*** with my child's medications.
- I can explain how to prime my child's medication.
- I know when my child should take **controller\*** medication.
- I know when my child should take **rescue/quick reliever\*** medication.
- I know how to check if medications are expired or need refills.
- I know how to refill my child's prescriptions.

\*Please reference the "**Terms to Know**" section for more information