Going Home with Asthma

Use this checklist to help prepare you for discharge home

For Pediatric and Adolescent Patients and their Caregivers

Important Contacts

Pediatrician/Healthcare Provider
Name: ________________________
Phone Number: ________________

Pulmonologist/Asthma Specialist
Name: ________________________
Phone Number: ________________

Pharmacy
Name: ________________________
Phone Number: ________________

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
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