



SUPPORT Team

Clinic: _____

Phone number: _____

Hours: _____

After hours and holidays/weekends: _____

My child's doctor: _____

Patient name: _____

Date: _____



FOLLOW-UP Appointments

My child's next DOCTOR visit:

Date: _____ Time: _____

Phone number: _____

Location: _____

Doctor name: _____

OTHER APPOINTMENT:

Date: _____ Time: _____

Phone number: _____

Location: _____

Discharge planning: _____

Date to return to school: _____



Watch for SYMPTOMS and TRIGGERS

My symptoms

Type: _____

Time: _____

Duration: _____

Severity: _____

My triggers

- Respiratory** (cold, flu, sinus)

- Exercise** (wheezing, shortness of breath)

- Weather** (sudden blast of cold air, heat, humidity)

- Emotional stress** (from laughing, crying, sighing, family, and job stress)

- Sleep** (allergens, body temperature, heartburn)

- Air irritants** (smoke, pollution, odors, fumes, sprays)

- Allergens** (animal dander, pollen, molds, dust mites, cockroach droppings, food additives)



Controlling Asthma

You have asthma, but that doesn't mean you can't do all the things you enjoy doing. Working with your doctor, you can control your asthma by:

- Knowing your symptoms
- Avoiding your triggers
- Taking your medicine correctly
- Following your Asthma Action Plan every day
- Checking your asthma control regularly



Over time, things can change: your environment, your response to medicines, your sensitivity to certain triggers. All of these changes can affect your asthma control.

Ask your provider to help you get set up on Intermountain's MyHealth portal at intermountainhealthcare.org/myhealth

See more about asthma at [Primary Children's / YouTube.com](http://PrimaryChildrens.com)



MEDICATIONS and CONTROL

Medication Plan Compliance:

- Uses controller 4 or more times per week
- Uses controller fewer than 3 times per week
- Not on controller

Chronic Asthma Symptom Control:

- Well controlled
- Not well controlled
- Poorly controlled

Step Prior to Hospitalization:

- 1
- 2
- 3
- 4
- 5
- 6
- Don't know

Asthma Management Plan Modification:

- Maintain therapy
- Initiate controller therapy
- Step-up therapy
- Other _____



See the **Asthma Action Plan** for when to call for help.



Use spacer with appropriate mask:

- Under 2 years = small
- 2 to 5 years = medium
- Older than 5 years = mouthpiece

Metered Dose Inhalers (MDIs), Dry Powdered Inhalers (DPIs), and Pills

DAILY-CONTROL MEDICATIONS (also called "maintenance medications")

Controller medications can PREVENT symptoms



Corticosteroids (inhaled):

- fluticasone** (Flovent) 44 or 110 mcg; 1, 2, or 3 puffs twice daily

- budesonide** (Pulmicort)
Respules: 0.25 mg, 0.5 mg, 1 mg; once or twice daily
DPI: 90 mcg or 180 mcg; 1, 2, 3, or 4 inhalations twice daily

- beclomethsone** (Qvar) 40 or 80 mcg; 1, 2, 3, or 4 puffs twice daily

- mometasone** (Asmanex)
DPI: 110mcg or 220mcg; 1, 2, or 3 inhalations once daily

Leukotriene modifiers (pills taken by mouth):

- montelukast** (Singulair)
4, 5, or 10 mg tablet or chewable once daily

Other medications:

- _____

QUICK RELIEF MEDICATIONS (also called "rescue medications")

Quick-relief medications can STOP symptoms

Short-acting beta₂-agonists (SABA) (inhaled):

- albuterol (Proair HFA, Proventil HFA, Ventolin HFA)
- Other quick relief medication by MDI or nebulizer

_____ (see **Asthma Action Plan**)



Special Instructions: _____

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