



He/She can be reached at \_\_\_\_\_ (If he/she is unavailable, please leave a message)  
If He/She is unavailable, call \_\_\_\_\_.

**Eliminate from your child's environment the following triggers that make his/her asthma worse:**

- House Dust Mites
  - cover mattress with plastic cover
  - wash all bedding in hot water 130 degrees every 1-2 weeks
  - clean hot air heat system
- Cockroaches
- Cats or rodents
- Indoor air pollution (especially cigarette smoke, perfumes, cooking smoke)
- American Lung Association Smoking Cessation Program: Phone (212)315-8700
- Other

**DO NOT USE INHALER OR NEBULIZER MORE OFTEN THAN ONCE EVERY FOUR (4) HOURS** (unless more frequent treatments are specifically recommended by your doctor). Call the physician or nurse practitioner if you feel more frequent medications is required.

Your child's asthma is:       Mild intermittent       Mild persistent       Moderate       Severe

**ROUTINE MANAGEMENT**

Your child's asthma medication regimen is:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_ puffs nebs as needed for cough or wheezing  
and, \_\_\_\_\_ before exercise.

**WHEN YOUR CHILD IS GETTING WORSE**

- For:
- Night-time respiratory rate of \_\_\_\_\_.
  - Medication requirement more often than every 4 hrs.
  - "Peak flow" value between \_\_\_\_\_ and \_\_\_\_\_ (yellow zone).
  - \_\_\_\_\_
  - Increased runny nose or daytime cough
  - Night-time cough

**EMERGENCY PLAN**

Call your child's Physician or Nurse Practitioner for:

- Night-time respiratory rate of \_\_\_\_\_.
- Peak flow values less than \_\_\_\_\_ (red zone).
- Report to the Emergency Room if 6 or more treatments are needed in an 8 hour period of time.
- Medication requirement more often than every 4 hours.
- \_\_\_\_\_

**FOLLOW-UP**

Your child's follow-up appointment is with: \_\_\_\_\_  
Date \_\_\_\_\_ Time \_\_\_\_\_ Call \_\_\_\_\_ to reschedule if necessary.

Completed by:	Date:	Time:
Physician:		
Nurse:		
I have read and understand the Home Management Plan. I feel comfortable giving a nebulizer and/or inhaler treatment and have demonstrated these skills.		
Parents' Signature		Date