



**State of Florida  
Department of Children and Families**

**Rick Scott**  
Governor

**Mike Carroll**  
Secretary

**Asthma Management Checklist**

Child's Name:

Number:

Date:

<b>Medical Provider Information</b>	
What is the name and phone number of your child's Pediatrician, Family Doctor or Clinic?	
When is your child's next appointment with his/her Pediatrician, Family Doctor or Clinic?	
What is the name and phone number of the Asthma Specialist caring for your child?	
When is your child's next appointment with the Asthma Specialist?	
Do you expect to have trouble getting to your child's next appointment? If so, why?	No Yes Reason:

<b>Asthma Management Questions</b>	<b>Reason for Importance</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
<b>Medications and Equipment</b>				
Can the parent or child show you the child's "rescue" inhaler (MDI = Metered Dose Inhaler)?	Many brand names including ProAir, Ventolin, Proventil and Xopenex .			
Can the parent or child tell you what it's for?	This is for use when the child has an asthma attack.			
Can the parent or child show you the child's "controller" inhaler?	Many brands including Flovent, Symbicort, QVar and Pulmicort.			
Can the parent or child explain what the controller inhaler is used for and how often it is used?	These medications <u>prevent</u> attacks and must be used <u>every day</u> , once or twice a day depending on the medication. A very common cause of poor asthma control is failure to use this "controller" inhaler regularly.			
Does the child have a "spacer" device to use with the inhalers?	Children have trouble taking a deep breath and squirting an inhaler at the same time. Spacers help to insure that the whole dose of medication gets into the child's lungs.			
If the child uses a nebulizer machine, does he/she have his/her own, or is it borrowed?	The child should have his/her own machine so it is always readily available.			
If the child has a nebulizer, does the family know that when the child is very "tight" the nebulizer is better than the inhaler?	When a child is having a bad attack, their lungs will be too "tight" to allow them to take and hold a full dose of rescue medicine from an inhaler.			
If the child uses a nebulizer for a controller medicine, does he or she finish the whole dose?	Children who stop early do not get a full dose and won't stay well.			
If the child is over 6, does he/she have a Peak Flow Meter?	Peak flow measurements can help identify asthma attacks in their early stages so treatment can start early			
If the child has a Peak Flow Meter, can he/she show you how it is used?	Just having it isn't enough. There should be a record of measurements.			
If the child has a Peak Flow Meter, can the family explain to you what the green, yellow and red zones mean?	Numbers in the green zone mean the child is doing well, the yellow zone starting to get sick, the red zone sick.			

Did the child receive a flu shot during the past or present fall or winter?	Children with asthma often get very sick and sometimes die of the flu. They need to be protected by flu shot every year. The flu shot <i>cannot</i> give the child the flu.			
Can the parent or child show you the child's Asthma Action Plan?	An Asthma Action Plan tells what should be done if the child starts having asthma symptoms like cough or trouble breathing. It should be provided by the child's doctor.			
Does the school have a copy of the child's Asthma Action Plan and a rescue inhaler for the child?	Lots of attacks happen at school. The school needs to know what to do and have a rescue inhaler.			
Does the family understand that a child with a bad asthma attack can die in minutes?	169 children under 15 died from asthma in 2011.			
<b>Home Environment</b>				
Does anyone smoke in the home, car or day care?	Cigarette smoke makes asthma worse. The home should be smoke-free. That includes family and visitors			
Regardless of the answer to the above question, does the home smell of cigarette or cigar smoke?	Families may deny smoking inside but still do it.			
Are there any warm-blooded pets in the home, e.g. , dogs and cats?	Animal hair and dander often make asthma symptoms worse. They should stay outside, or at least never be allowed in the child's room.			
Has the family noticed anything in the home that seems to make the child's symptoms worse?	Some children are sensitive to household chemicals (cleaners, pesticides, etc.) and other things.			
Does the heating/cooling system in the home have filters?	These should be replaced every 3 months.			
Does the child's mattress have a zip-up plastic cover to keep allergy-causing dust from escaping?	Dust mites are tiny insects that live in mattresses and are a common cause of allergies and asthma.			
Does the child have a 'hypoallergenic' pillow, or a dust-proof cover on a regular or foam pillow?	Feather pillows are a common cause of asthma and allergies. Dacron fiber "hypoallergenic" pillows are cheap.			
Does the child sleep with stuffed animals?	These produce and collect dust. The number should be kept to a minimum. Let them "take turns" sleeping with the child. Choose washable ones.			
What kind of floor covering is in the child's bedroom? (Wall-to-wall carpet is very dusty.)	Bare floors are best, mopped regularly. Throw rugs should be washed regularly.			
Are there curtains or blinds in the child's bedroom?	These collect dust and need to be washed or vacuumed regularly.			
Is there a musty smell in the home or signs of water damage or standing water?	Many children are allergic to mold. Cleaning up the sources will often improve asthma symptoms.			
Is there a dehumidifier in the child's room?	Keeping the relative humidity below 45% can help control mold and dust mites.			
<b>Possible Obstacles to Successful Home Management of Asthma:</b>				