

Dear Parents/Caregivers,

Your child, _____, has **ASTHMA**, classified as _____ .
He / She was just admitted for an acute asthma flare-up and is medically cleared to go home.

**In order for your Doctor to keep your child healthy, please give the following PREVENTIVE MEDICINE:
(daily steroid inhaler to decrease swelling and mucus production in the lung breathing tubes):**

(Inhaled Steroid) _____. Then trial off medicine if he / she has no asthma flare up requiring albuterol until _____ . If prolonged cough and wheezing recurs, _____ may need to use the inhaled steroid longer.
(Patient's Name)

Please use long term as prescribed to be effective, to prevent your child from being sick from asthma).

QUICK RELIEF: (to relax the muscle tightness around lung breathing tubes; to relieve cough due to asthma)
Albuterol Multiple Dosage Inhaler (MDI) 2 puffs with spacer as needed (for persistent cough or wheeze) every 4 to 6 hours per day. **Before exercise**, use ALBUTEROL 2 puffs (usually 20 minutes prior to anticipated increased activity). Albuterol 1 unit nebulizer may be substituted for the Multiple Dosage Inhaler (MDI) (although the nebulizer may take longer

TO PREVENT Asthma symptoms: **AVOID** tobacco / cigarette smoke , exposure to cats/dogs, dust mites, animal dander, cockroaches, indoor/ outdoor molds and other asthma triggers.

Medication	Morning	Afternoon	Evening	Bedtime (as needed)
Albuterol (quick relief) daily for 1 week then as needed				As needed
Inhaled steroid				
Medicine for acute asthma flare-up (oral steroid)				

In the subsequent months, if _____ (Patient's Name) develops more cough (especially at night and with strenuous activities), shortness of breath, chest tightness and/or and chest congestion, or peakflow of _____ (20% or more below baseline, you may do the following:

QUICK RELIEF:
Albuterol Albuterol Multiple Dosage Inhaler (MDI) 2 to 4 puffs with spacer or 1 unit nebulizer every 4 to 6 hours until his cough or shortness of breath resolves. *If not relieved within 24 hours, go to the nearest Clinic or doctor. (ER after 4 PM and on weekends/Holidays).*

In addition, to temporarily help decrease mucus and swelling in the lung "breathing tubes"
→ Increase inhaled steroid _____, 4 puffs with spacer, 2 times per day for 3 days.

If your child is not better or getting worse despite above , call or visit Primary Care Doctor for evaluation. You may also call DPHSS thru Triage Nurse for advice, as needed.

TODAYS DATE: _____

Name of Primary Physician: _____

When to Follow-up: Initial follow-up in 1-2 weeks after discharge and follow up in 2-6 months interval once asthma is controlled.

Cc: School Child Care Center Signature of Attending MD

ORIGINAL : ____ YELLOW : __ Page 1 of 2 Adapted from the US Department of Health and Human Sciences and NHLBI

ASTHMA Discharge Instructions : PEDIATRICS (AGE > 5-17)

PATIENT INFORMATION

Guam Memorial Hospital Authority

GMHA Form # 0308

Approved Date: Pediatric Department 6 / 6 / 2011 & MEC 6 / 21 / 2011