



Children's Hospital Association of Texas
An Association for the Advancement of Children's Healthcare Texas

Asthma Multi-Disciplinary Discharge Checklist

ASTHMA EDUCATION ON ARRIVAL to ER/FLOOR

****Initiate on arrival; must be completed in order to discharge patient****

1. Asthma Action Plan/Education (Physician fills out. Checked by nurse, RT, or asthma educator)

Last name, Initial and Date/Time on Completion

- _____ **Green Zone:**
 - Control Medicine – name, dose, method & frequency
- _____ **Yellow Zone:**
 - Control Medicine – name, dose, method & frequency
 - Quick Reliever – name, dose, method & frequency
 - Educate on when to call PCP
- _____ **Red Zone:**
 - Control Medicine – name, dose, method & frequency
 - Quick Reliever – name, dose, method & frequency
 - Educate on when to call 911
- _____ Educate patient in their preferred language
- _____ Educate patient on inhaler techniques, specific triggers, co-morbid conditions, zones above, and general care
- _____ Educate patient on medications including medication reconciliation and new medication availability, cost, and compliance
- _____ Primary Care Provider(PCP)/Clinic follow up appointment arranged
 - Primary Care Provider(PCP)/Clinic follow up name and phone number
 - Date & time of follow-up appointment or when to follow-up with physician

2. Discharge Planning

Last name, Initial and Date/Time on Completion

- _____ Asthma Action Plan completed and in chart
- _____ Asthma Education ordered
- _____ Patient meets discharge criteria → MD, nurse, RT notified
- _____ Asthma Action Plan completed by RT/asthma educator
- _____ Asthma Education completed
- _____ Primary Care Provider(PCP)/Clinic follow up appointment arranged
- _____ Family education completed in their preferred language and family signs plan
- _____ Flu shot administered during flu season
- _____ Discharging nurse verifies asthma discharge checklist is complete prior to discharge