**ASTHMA HOME VISIT PROGRAM RECOMMENDATION LIST**

ACT score

\_\_\_\_\_\_\_

Patient Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Visit Date \_\_\_\_\_\_\_\_\_\_

Your health care provider is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Contact your healthcare provider regarding: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Distribute and post Asthma Management Plan wherever child spends time.
* Keep indoor humidity at 30-50% and temperature at 68°-72° by opening all windows and turning on exhaust fans at least once a day for 10 minutes, do this year round. When cooking or showering open windows and/or use fans. Run exhaust fan for 30 minutes after showering.
* Wipe windows and frames dry as needed. Open curtains or blinds daily.
* Vacuum and damp dust weekly. Change or empty vacuum bag outside regularly.
* Change furnace filter every 3 months, more often if there are animals or a lot of dust.
* Keep animals out of bedrooms and off furniture.
* Avoid using candles, incense and air fresheners.
* Wash bedding weekly in **HOT** water. This helps kill dust mites.
* Call 1-800-QUIT-NOW if you are ready to quit tobacco. Smoke outside only, never in the car. Wear a ‘smoking jacket’ and wash hands immediately after smoking. [www.quitline.com](file:///C:\Users\lca0303\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\GIH2TPFC\www.quitline.com)
* Clean mold as needed. Refer to Mold FAQ’s handout.
* Remove shoes or use a doormat and entry rug, to reduce track-in dirt from outside.
* Keep woodstove and fireplace use to a minimum; always open windows to ventilate. If possible, change out wood stove for a non-wood heat source.
* Notify landlord in writing of the following needed repairs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You can contact {ORGANIZATION OR HOME VISITOR NAME} at {PHONE NUMBER} with any questions.

Thank you for inviting the **Asthma Home Visit Program** to your home.



For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY 711).

DOH 345-341 August 2014

Three Visit Model Tool Kit: Appendix 5

Participant Recommendation List