#### Children's Hospital for Wales Paediatric Respiratory Medicine



Bwrdd lechyd Prifysgol Caerdydd a'r Fro Cardiff and Vale University Health Board

# Asthma Home visit Protocol

(Based on Brompton Hospital Paediatric protocol)

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	pa	tie	nt stick	er

Telephone no:

Date of visit:

Name of Nurse performing visit:

### Those at home at time of visit:

The Home:		oor? rroundi	Lift: yes / no ngs (ie busy ro	Stairs: yes / no ad, trees, fields):		
People living at he	ome: 1. 2. 3. 4. 5. 6.					
Overall impression of home organisation:Very organisedAverageBelow averageChaotic/very disorganised						
Overall impression of socioeconomic status Low middle high						
Do the parents have employment yes / no What occupation?						

RPM endorsed 15/11/2011. Review date 15/11/2013

# House Dust Mite (HDM) avoidance if applicable: yes / no

Bedroom	
Own bedroom	yes / no
Bed	bunkbed top/bunkbed bottom/single
Mattress cover	yes / no
Pillow protection	yes / no
Linen regularly washed at 60°c	yes / no
Flooring	wood (or similar)/carpet/rugs
Windows	wipe clean blinds / curtains
Evidence of damp dusting	yes / no

#### **Rest of home:**

Carpet / fabric sofas and chairs / rugs / +++ clutter / evidence of damp dusting / HEPA filter vacuum cleaner

Other information:

Advice given:

#### Pets

Pets in the home:	1.
	2.
	3.

Pets living outside: 1. 2. 3.

Any family member in contact specifically with horses yes / no

Other information and advice given:

## Moulds

Evidence of damp	yes / no	details:
Evidence of mould on walls	yes / no	details:
Evidence of mould on windows	yes / no	details:

Other allergens/irritants:

ie air fresheners, poor ventilation, mouldy food, rodent infestations etc

#### Smoke

Do parents smoke	yes / no	If yes; inside / outside
Other household members?	yes / no	
Evidence of smoke in home	yes / no	details:
Evidence of active smoking	yes / no	

# Medication

Current medication:

Name	Dose/Frequency	Route	Available	In date
			Yes / no	Yes / no
			Yes / no	Yes / no
			Yes / no	Yes / no
			Yes / no	Yes / no
			Yes / no	Yes / no
			Yes / no	Yes / no
			Yes / no	Yes / no

Medication location:				
Spares available:	yes / no / some			
Appropriate devices:	yes / no / some	details:		
Do parents supervise	yes / no / sometimes			
Inappropriate amount of un-used med (stockpiling) yes / no comment:				
Prescription pick up rate:	<50% / 50 -80% / >80%			

Details of medication issues discussed:

*(ie understanding of medication regime, knowledge of drug types, management of exacerbations etc)* 

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## Management plan in place?

Advice given:

## **Psychosocial issues**

Previously identified issues If yes give details: yes / no

Appropriate perception of asthma severity: yes / no *If yes give details:* 

Psychosocial issues discussed at home visit: (continue on separate page if necessary)

Referral to psychology made: yes / no

## Plan:

- 1.
- 2.
- 3.
- 4.

# Summary of home visit:

## Signed and dated

RPM endorsed 15/11/2011. Review date 15/11/2013