

| Situation | CF Center | | Primary Care Provider | |
|--|-----------|-------|-----------------------|-------|
| | Call | Visit | Call | Visit |
| If my child: | | | | |
| Needs a well-child visit | | | | x |
| Needs a routine immunization (shot) | | | | x |
| Needs a flu shot | | x | or | x |
| Has chickenpox | | | | x |
| Has a rash | | | | x |
| Needs a regular CF checkup | | x | | |
| | | | | |
| If I think my child has: | | | | |
| A cold / cough | x | | or | x |
| Allergies | | | | x |
| Bronchitis or pneumonia | | x | or | x |
| Diarrhea | | | | x |
| Stomach Ache | x | | or | x |
| Symptoms of malabsorption (greasy or shiny stools, increased stooling, abdominal cramping, increase in foul smell, frothy in appearance) | x | | | |
| Fever | x | | or | x |
| | | | | |
| If I'm worried that my child: | | | | |
| Has been exposed to an illness | x | | or | x |
| Isn't responding to treatment | x | | or | x |
| Isn't gaining enough weight | x | | | |
| | | | | |
| If I'm having trouble with: | | | | |
| Respiratory treatments | x | | | |
| Airway clearance | x | | | |
| Giving my child enzymes | x | | | |
| Getting my child to eat | x | | or | x |
| Watching for signs of infection | x | | or | x |
| Telling the difference between colds, or allergies or bronchitis | x | | or | x |
| Coping with my child's illness | x | | or | x |
| Behaviors that worry me | | | | x |

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