

Steps to Follow:
Pediatric Provider Offices
HERE ARE THE EASY STEPS TO FOLLOW...

WHAT	WHEN	HOW	WHO
<p>1. Print out a stack of Parent Surveys in English and Spanish and have them ready to distribute to all parents/guardians.</p>	<p><input type="checkbox"/> As Parent Surveys are needed</p> <p><input type="checkbox"/> Once a week on: _____</p> <p><input type="checkbox"/> Once a month on: _____</p>	<ul style="list-style-type: none"> Download and print the Parent Survey from: www.sdSmokeFreeFamilies.com (Parent Surveys are customized for each clinic, search for your clinic under Program Materials) Photocopy the Parent Survey to keep the desired amount on hand 	<p>(PSF Contact or other designated office member-receptionist, medical assistant, nurse, etc.):</p> <p>_____</p> <p>_____</p>
<p>2. Ask all parents/guardians who bring in a child for a 6-month well-child visit to complete the Parent Survey.</p>	<p><input type="checkbox"/> At front desk</p> <p><input type="checkbox"/> During vital signs</p>	<ul style="list-style-type: none"> Provide each patient with the Parent Survey and give them instructions to fill it out and return it when completed If a survey was not completed at the 6-month well-child visit, the parent should fill out the survey at any well-child visit as long as the child is 5 years old or younger. 	<p>(PSF Contact or other designated office member-receptionist, medical assistant, nurse, etc.):</p> <p>_____</p>
<p>3. Collect the Parent Survey from the parent/guardian and review it to determine his/her smoking status.</p>	<p><input type="checkbox"/> At the (6-month) well-child visit after the patient completes the Parent Survey</p>	<ul style="list-style-type: none"> Once the parent/guardian completes the survey, review questions 1 and 2 to determine if he/she is a smoker ready to quit (S), smoker not ready to quit (S-NR) or non-smoker (NS) Check off the Fax Referral box if the parent/guardian indicated that he/she is a smoker (S) and wants to be referred to the helpline. 	<p>(PSF Contact or other designated office member-receptionist, medical assistant, nurse, etc.):</p> <p>_____</p>
<p>4. Fax Parent Surveys for smokers <u>ready to quit</u> to the California Smokers' Helpline at 1 (858) 300-1136.</p>	<p><input type="checkbox"/> As soon as a smoker is identified</p> <p><input type="checkbox"/> At the end of the day or at: _____</p> <p><input type="checkbox"/> Once a week on: _____</p>	<ul style="list-style-type: none"> If a smoker who is ready to quit (S) is identified, make sure the survey is signed Fax the smoker's (S) signed survey to the California Smokers' Helpline at 1 (858) 300-1136 as soon as possible 	<p>(PSF Contact or other designated office member-receptionist, medical assistant, nurse, etc.):</p> <p>_____</p> <p>_____</p>

WHAT	WHEN	HOW	WHO
5. Distribute PSF Parent Flyers to <u>all</u> parents/guardians regardless of their smoking status.	<input type="checkbox"/> Anytime during visit <input type="checkbox"/> Display in waiting room	<ul style="list-style-type: none"> Download and print the PSF Parent Flyer from: www.sdSmokeFreeFamilies.com You may want to have flyers displayed in the waiting room or exam rooms. 	(PSF Contact or other designated office member-receptionist, medical assistant, nurse, etc.): <hr/>
6. Provide the parent/guardian with education materials, if appropriate.	<input type="checkbox"/> After reviewing the patient's survey and determining the patient's smoking status	<ul style="list-style-type: none"> Review questions 1 and 3 to determine if the patient is exposed to environmental tobacco smoke (ETS) and should be given the ETS education materials. Download and print the (ETS) education materials as needed from: www.sdSmokeFreeFamilies.com or keep a stack on hand to have ready to hand out. 	(PSF Contact or other designated office member-receptionist, medical assistant, nurse, etc.): <hr/> <hr/>
7. Place the Parent Survey inside his/her child's chart and flag the chart to indicate the parent/guardian's smoking status.	<input type="checkbox"/> At the (6-month) well-child visit after the parent/guardian completes the Parent Survey	<ul style="list-style-type: none"> Use a PSF sticker or other flagging method in the child's chart (i.e. on the problem list) to inform clinicians/staff that the Parent Survey has been completed. Indicate the parent/guardian's smoking status by checking off the appropriate smoking status box. 	(PSF Contact or other designated office member-receptionist, medical assistant, nurse, etc.): <hr/>
8. Clinicians should review the Parent Survey and provide appropriate advice.	<input type="checkbox"/> During every visit	<ul style="list-style-type: none"> See <i>Advice for Parental Smokers Flowchart</i>. Clinicians may also make a referral to the California Smokers' Helpline by giving the Rx prescription to smokers. 	Clinicians
9. Follow-up with all identified smokers (S) and (S-NR) at subsequent visits.	<input type="checkbox"/> At every subsequent well-child visit	<ul style="list-style-type: none"> See <i>Advice for Parental Smokers Flowchart</i>. 	Clinicians

PSF CONTACT: _____

Program information and materials available at www.sdSmokeFreeFamilies.com

