

Destination Preparation



**Tips and templates
to help you get ready to
travel when living with
cystic fibrosis (CF)**

Remember, your CF care team is always your best source for questions and concerns around travel and your health needs. Work through this guide with them to keep yourself organized and confident while you're away.

Start Packing

Prepare for travel plans with this handy CF packing checklist

Doctor's note (see the **Health Summary Letter Template** in this guide)

Oral medications:

TIP: Depending on the destination and duration of your stay, it's a good rule of thumb to pack at least an extra 3 days' worth of medication.

<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

Inhaled medications:

TIP: If you're flying, make sure all your medication and equipment is easily accessible in a carry-on or personal bag.

<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

Medical equipment:

TIP: Don't forget the cords and counterparts or any adapters you might need for the country you're visiting!

<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

Enzymes, supplements, and vitamins:

TIP: Keep daily doses sorted in labeled resealable bags or a pill organizer.

<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

Miscellaneous:

<input type="checkbox"/> Alcohol swabs	<input type="checkbox"/>	_____
<input type="checkbox"/> Hand sanitizer	<input type="checkbox"/>	_____
<input type="checkbox"/> Gloves	<input type="checkbox"/>	_____
<input type="checkbox"/> Masks	<input type="checkbox"/>	_____
<input type="checkbox"/> Snacks	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____

Health Summary Letter Template

Fill out this health summary with your care team along with any other medical documentation you may need to have on hand while you travel

Personal Information

Name: _____ Date of birth: ____ / ____ / ____

Short description of CF and your health status: _____

Allergies: _____

Medications (include generic drug name)	Dose (quantity and frequency needed)

Other daily therapies:

I have diabetes: YES NO I have a portacath in situ: YES NO

Usual antibiotic combinations for exacerbations:

Other treatment notes:

Physician's stamp and signature:



Emergency Contacts

My CF Center

Name:

Name of doctor:

Phone number:

Emergency Contact

Name:

Relationship:

Phone number:

Nearest Hospital

Name:

Address:

Phone number:

Nearest CF Center

Name:

Address:

Phone number: