GARDNER
Packard Children's Health Center

Medical Record Number

Patient Name

Addressograph or Label

CLINIC VISITS • ASTHMA MANAGEMENT ENCOUNTER

IDENTIFICATION: **Language:** ❑ **Interpreter** ❑ **Provider speaks language**

ACCOMPANIED BY: ❑ Mom ❑ Dad ❑ Other :

CONCERNS:

Wt. _____kg (%ile) ❑ tracking

Ht. _____cm (%ile) ❑ tracking

BMI _____kg/m^2 (%ile) ❑ tracking

T_____ P_____ RR_____ BP_____ (%ile)

ASSESSMENT OF ASTHMA SEVERITY (NEW AND FOLLOW UP) SYMPTOMS IN PAST 4 WEEKS:

	Daytime symptoms	Night awakening	Limitation of activity
Intermittent	≤ 2 days/week	0	None
Mild persistent	> 2 days/ week, not daily	1-2 times/month	Minor
Moderate persistent	Daily	3-4 times/ month	Some
Severe persistent	Throughout the day	> once/week	Significant

ASSESSMENT OF ASTHMA CONTROL (FOLLOW UP) SYMPTOMS IN PAST 4 WEEKS:

	Daytime symptoms/SABA use	Night awakening	Limitation of activity
Well controlled	≤ 2 days/week	≤ 1 night/month	None
Not well controlled	> 2 days/ week	> 1 night/month	Some
Poorly controlled	Daily, throughout the day	> 1 night/week	Significant

ASSESSMENT OF RISK/IMPAIRMENT - REVIEW OF PAST 12 months:

_____ # of exacerbations requiring oral steroid
_____ # of ER visits
_____ # of hospitalizations
_____ # of school days missed

ASTHMA TRIGGERS:

❑ URI
❑ Exercise
❑ Allergies
❑ Pet dander
❑ Smoke
❑ Cold air
❑ Fragrances
❑ Other _____

REVIEW OF SYSTEMS:	Negative	
Constitutional	❑	
HEENT	❑	
Respiratory	❑	
Cardiovascular	❑	
GI/Liver	❑	
Kidney/GU	❑	
Musculoskeletal	❑	
Neurologic	❑	
Skin	❑	
Heme/Lymphatic	❑	
Metabolic/Endocrine	❑	
Allergic/Immunologic	❑	
Development/Behavior	❑	

MEDICATIONS:

❑ Quick relief: _____
❑ Controller: _____
❑ Other:

❑ Using spacer with all inhalers

IMMUNIZATIONS:

❑ Up to date
❑ Last flu shot: _____

ENVIRONMENT (check if discussed and negative)

❑ Tobacco exposure
❑ Pets
❑ Mold
❑ Cockroaches
❑ Other allergens/irritants

ALLERGIES:

❑ No known drug allergies
❑ No known food, environmental allergies

PAST MEDICAL HISTORY/COMORBID CONDITIONS:

❑ Obesity
❑ GER
❑ OSA
❑ Sinusitis
❑ Stress, depression

FAMILY HISTORY:

FAMILY STRUCTURE, PRIMARY CARETAKER(S):

SOCIAL HISTORY

Barriers to treatment (financial, legal, educational, practical, e.g. living in two homes)

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PHYSICAL EXAM	Normal	Abnormal
General:	❑ well-appearing	❑
Eyes:	❑ clear conjunctiva	❑
ENT:	❑ OP clear, TM's normal, nasal turbinates normal	❑
Neck:	❑ supple, no lymphadenopathy	❑
CV:	❑ RRR, no murmurs, NI S_1 & S_2, good femoral pulses	❑
Chest:	❑ clear, symmetric, no signs of respiratory distress	❑
Abdomen:	❑ soft, no hepatosplenomegaly, no masses	❑
GU:	❑ NI female/male, testes descended	❑
Back:	❑ straight spine	❑
Ext/Hips:	❑ normal gait, well-perfused, no edema	❑
Neuro:	❑ normal, no deficits	❑
Skin:	❑ no rashes, no lesions	❑
Other:	❑	❑

ASSESSMENT/PLAN:

Severity (New and follow up):

Asthma severity	Medication recommendation (see NHLBI guidelines)	Recommended follow up
❑ Intermittent	Step 1: Short acting beta-agonist (SABA), as needed – prescribe 3 refills*	6 months to monitor control
❑ Mild persistent	Step 2: Low dose inhaled corticosteroid (ICS)	1 month while gaining control
❑ Moderate persistent	Step 3: Medium dose inhaled corticosteroid	1 month while gaining control
❑ Severe persistent	Step 3-5: Medium or high dose ICS +/- LABA	2 weeks; consider referral to pulmonology

* Patients with well-controlled asthma should require no more than 4 SABA inhalers per year.

Control (Follow up):

Asthma control	Medication recommendation (see NHLBI guidelines)	Recommended follow up
❑ Well controlled	No changes or consider step down	6 months to monitor control
❑ Not well controlled	Step up 1 step	1 month while gaining control
❑ Poorly controlled	Step up at least 1 step	1 month while gaining control

Environmental changes:

Flu vaccine:
- ❑ Up to date for current season
- ❑ Given today

Education (see box):
- ❑ Asthma Action Plan updated, reviewed
- ❑ MDI/spacer training reviewed

Suggestions for patient education:
- ❑ Two parts to asthma: airway inflammation and tightening
- ❑ Different medications help with each part
- ❑ Asthma triggers and how to avoid them
- ❑ When and how to use medications

Referrals:
- ❑ Pulmonology
- ❑ Family Advocacy Program
- ❑ SCAMP/Public Health Nursing

DATE	**SIGNATURE**: Pager Number
	PRINT Name:
	SEEN WITH (Attending):