

Asthma Care Flowsheet

Patient Name: _____ DOB: _____ MR Number: _____

Phone Number: () _____ - _____

Co-Morbid Conditions: _____

	Date	Date	Date	Date	Date	Date
Symptom Assessment (Y/N)						
> 2 days/week						
> 2 nights/month						
> 2 exacerbations/year						
ER visit, hospitalization, steroid course since last visit (Y/N)						
Exercise-induced sx (days/week)						
Bronchodilator use (days/week)						
Missed school/work (days/month)						
Asthma Score (e.g., ACQ®, ACT™, or ATAQ®)						
Pulmonary function						
FEV ₁ (% predicted)						
FEV ₁ /FVC (%)						
If pulmonary function < 80% - Bronchodilator reversibility (%)						
Peak Flow Assessed (Y/N)						
Severity Assessment* (I=intermittent; P=persistent)						
On controller medication (Y/N)						
Current Treatment (Step 1 to 6)						
Asthma Control (WC=well controlled; PC = poorly controlled)						
Treatment Decision (SD = step down; S=same; SU=step up)						
Next scheduled visit (months)**						
Environmental triggers (pets, mold, other, none)						
Patient uses tobacco or exposed to 2nd hand smoke (Y/N)						
Counseled to stop tobacco or 2nd hand smoke exposure (Y/N)						
Review medication technique, adherence, adverse effects (growth, cataracts, osteoporosis)						
Action plan – set self management goals (D=developed; R=reviewed)						
Influenza Vaccine in last year (date)						
Referred to Specialist (date)						

* For initial assessment, use symptoms and objective parameters (per guideline) to determine. Assume persistent if already on controller therapy.

** Follow-up 3 to 6 months if well controlled; 2 to 6 weeks if inadequately controlled.

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