

Asthma Maintenance Visit

Date: _____

Concerns / Interim History

Purpose of today's visit: Routine Sick Hospital/ED f/u
 Medical History since last visit: No Change Changes:
 Environmental History: No Change Changes:
 Concerns: None Issues:

Current Medications

Controller(s) _____

Reliever(s) _____

Adherence: Good Fair Poor
 Spacer Use: Always Sometimes Never
 Inhaler Technique: Good Fair Poor

Current Symptoms (please circle appropriate category in each column)

| Step Class* | | Day: coughing, wheezing, SOB or chest tightness? | Night: coughing, wheezing, SOB, or chest tightness? | PEF OR FEV ₁ PEF Variability |
|-------------|---------------------|--|---|---|
| 4 | Severe Persistent | All Day Long | Frequent | <u>≤60%</u> > 30% |
| 3 | Moderate Persistent | Every Day | >5/month | <u>> 60% - < 80%</u> > 30% |
| 2 | Mild Persistent | 3-6/week | 3-4/month | <u>≥ 80%</u> 20 – 30% |
| 1 | Mild Intermittent | ≤ 2days/week | ≤ 2nights/month | <u>≥ 80%</u> < 20 |

*When determining step class, select highest classification that a patient scores.

Physical Examination

| Weight kg | %ile | Height cm | %ile | Pulse | RR | BP |
|--------------|------|--------------|------|-------|----|----|
| | | | | | | |

GENERAL: Normal Abnormal: _____
 SKIN: Normal Abnormal: _____
 HEENT: Normal Abnormal: _____
 NECK: Normal Abnormal: _____
 CHEST: Normal Abnormal: _____
 CV: Normal Abnormal: _____
 ABDOMEN: Normal Abnormal: _____
 EXTREMITIES: Normal Abnormal: _____

Peak Flow

Usual Best Peak Flow _____
 Lowest Peak Flow _____
 Today in office _____

Spirometry (if available)

% Predicted % Change

FEV₁ _____
 FEV₂₅₋₇₅ _____
 FVC _____

Diary Reviewed Yes No

Patient Name/Stamp: _____

Measures of Morbidity – Since last Visit-

FREQ of Rescue Medication Use: <2X/week
 Other: _____

ORAL STEROIDS: None Number of exp. _____

SCHOOL DAYS MISSED: None Number: _____

SLEEPLESS NIGHTS: None Number: _____

In time frame indicated-

URGENT VISITS/month: None Number _____

ED VISITS/month: None Number _____

HOSPITALIZATIONS/year: None Number _____

INTUBATIONS/ever: None Number ____ Dates

Other Labs:

Test Results Date

Tobacco 5 “A”s

- ASK:** Smoking
- Active Passive
- ADVISE:** Tobacco Users to quit
- ASSESS:** Readiness to Quit
- Yes in next 30 d Yes in next 6 mos No
- ASSIST:** Provide Brief Counseling
- Quit Plan Quit Date Nicotine Replace/Zyban
- ARRANGE:** Follow up Next Visit Class/Program
- Passive Smoking Advice

Immunizations

- Need influenza vaccine? Yes No
- Needs 2nd dose in 1 month? Yes No
- Risk/benefits discussed
- Consent obtained

Teaching Needed

Done

- | | |
|---|--------------------------|
| <input type="checkbox"/> General information about asthma | <input type="checkbox"/> |
| <input type="checkbox"/> Smoking/Environment | <input type="checkbox"/> |
| <input type="checkbox"/> Peak Flow Monitoring | <input type="checkbox"/> |
| <input type="checkbox"/> Use of MDI and Spacer | <input type="checkbox"/> |
| <input type="checkbox"/> Action Plan | <input type="checkbox"/> |
| <input type="checkbox"/> Partnership with school/daycare | <input type="checkbox"/> |
| <input type="checkbox"/> Self-Management Goals | <input type="checkbox"/> |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> |
| <input type="checkbox"/> Handouts | <input type="checkbox"/> |

Teaching Done by: _____

Comments: _____

Provider Signature: _____

Assessment

1. _____

2. _____

Does current severity match current therapy? Yes No

If severity rating is lower than current therapy, step down.

If severity rating is higher than current therapy, step up.

Complicating Factors: None Sinusitis Rhinitis

GERD Other _____

Classification of Current Severity

Severe Persistent

Mild Persistent

Moderate Persistent

Mild Intermittent

Plan

Controllers: Flovent Pulmicort Other: _____

Relievers: Albuterol MDI Albuterol Neb

Complicating Factors: Nasal Steroid Other: _____

Peak Flow Prescribed Today

Written Action Plan on Chart

Written Action Plan – copy for school

Follow Up

Severe Persistent (Every 1-2 months)

Moderate Persistent (Every 3 months)

Mild Persistent (Every 6 months)

Mild Intermittent (Every 6-12 months)