

Asthma Care Flowsheet for Medical Chart

(patient sticker here)

Patient Name: _____ DOB: _____ MR Number: _____
Severity Rating: Mild Persistent Moderate Persistent Severe Persistent
Co-morbid Conditions: _____

Date:							
A nti-inflammatories	Daily doses prescribed for corticosteroids, leukotriene blockers, cromolyn, nedocromil						
S ymptom Control	Symptoms = coughing, wheezing, chest tightness, shortness of breath Score: 0 = no symptoms + = mild symptoms ++ = moderate +++ = severe						
Daytime/Nighttime							
Exercise							
Flare-ups since last visit							
T riggers	E = environmental controls discussed A = allergy testing done S = Sinusitis and rhinitis addressed R = reflux disease addressed						
H elp (see indications on A-S-T-H-M-A form)	S = referral to Asthma Specialist E = visit with Certified Asthma Educator						
M onitoring	OV = Outpatient (routine) Visit AC = Acute Care Visit Routine visits should be every 1 to 6 months based on severity.						
Type of visit							
FEV1 % predicted every 1-2 yrs							
Peak flow reviewed (✓)							
A ction Plan	1. A written Action Plan can improve physician-patient communication. 2. An Action Plan can increase anti-inflammatory therapy early in a flare-up.						
Action Plan reviewed (✓) and Personal Best updated							
Meds for Action Plan updated							