



Intake

Informant/Relationship

Vitals

Height	<input type="text"/>	in	<input data-bbox="1398 365 1443 403" type="button" value="+"/>		
Weight	<input type="text"/>	lbs	<input type="text"/>	oz	<input data-bbox="1398 422 1443 459" type="button" value="+"/>
Temperature	<input type="text"/>	°F	Method	<input data-bbox="688 474 857 512" type="button" value="Unspecified"/>	<input data-bbox="1398 474 1443 512" type="button" value="+"/>
Respiratory Rate	<input type="text"/>	breaths per minute	<input data-bbox="1398 531 1443 569" type="button" value="+"/>		
O ₂ Saturation	<input type="text"/>	%	<input data-bbox="1398 588 1443 625" type="button" value="+"/>		
Pulse	<input type="text"/>	beats per minute	<input data-bbox="1398 644 1443 682" type="button" value="+"/>		

 More

History of Present Illness

History

- Medication Record (reviewed and updated)
- OTC meds/herbal meds/CAM used (notes below)
-



notes

Transition of Care (ARRA)

- Patient transitioned to my care from another clinical setting
- Medication Reconciliation performed

Medical History (Medical Summary) No Saved Notes

Edit

Family History (Medical Summary) No Saved Notes

Edit

Social History (Medical Summary) No Saved Notes

Edit

Asthma Review

People present at Asthma Review

notes

Caretaker(s)

notes

Other physicians caring for patient

notes

Has Asthma Action Plan (at home, at school)

notes

Rescue Medication/Bronchodilator (Medication name, delivery method)

notes

Frequency of use



notes

Used prior to exercise?

notes

Controller Medication (year round or intermittent use?)

notes

Inhaled Corticosteroid (Medication, Strength, Dose)

notes

Compliance with Controller

notes

Leukotriene Inhibitor (Strength, chewable?)

notes

Other Medications

notes

Day Time Symptoms (days per week)

notes

Cough with activity?

notes

Night Time Symptoms (nights per month)

notes

Hospitalizations

notes

Asthma Triggers

Make All:



Yes No N/A

Viral Illnesses
 ▼

Allergies?
 ▼

Exercise
 ▼

Weather Changes
 ▼

Tobacco Smoke
 ▼

Pets
 ▼

Reflux
 ▼

Dust Mites
 ▼

Yes No N/A

Outdoor Air Pollution
 ▼

Mold in home?
 ▼

Cockroaches in home?
 ▼



- Specific time of year?
- Wood-burning stove or fireplace use?
- Perfumes or cleaning agents?
- Other?
- add item

Parental Concerns

Medical Test

- Spirometry Simple
- Spirometry pre/post
- Asthma Control Test (12 years and older)
- Childhood Asthma Control Test (4-11 years)

Review of Systems

Make All:

Pos Neg N/A

- Allergic/Immunologic



notes

Skin

notes

Eyes

notes

Ears

notes

Nose

notes

Mouth/Throat

notes

Respiratory

notes

Cardiovascular

notes

Pos Neg N/A

Gastrointestinal

notes

add item

notes

Physical Exam

Make All:



A N N/E

General Appearance

Head

Eyes

Ears

Nose

Oropharynx

Chest

Cardiovascular

A N N/E

Abdomen

Extremities

Skin



Assessment

Diagnoses

Assessment

Select All

- Asthma: Mild intermittent (symptoms <2days/week, <2 nights/mo; FEV1>80% predicted, FEV1/FVC >85%)
- Asthma: Mild persistent (symptoms >2 days/week, >2 nights/mo; FEV1>80% predicted; FEV1/FVC>80%)
- Asthma: Moderate persistent (symptoms daily, 1 night/week; FEV1 60-80% predicted; FEV1/FVC 75-80%)
- Asthma: Severe persistent (daytime symptoms continuous, night time symptoms frequent; FEV1<60% predicted; FEV1/FVC<75%)
- Mild Intermittent Risk: 0-1 exacerbations per year requiring oral steroids
- Persistent Risk: greater than 2 exacerbations per year requiring oral steroids
- Time spent on evaluation



Medical Procedure

- Nebulizer, Inhalation Tx
- Nebulizer repeat treatment
- Nebulizer treatment with teaching
- Asthma teaching
- Asthma action plan

Immunizations

Immunization History

<input type="checkbox"/>	There are no immunizations recorded for this patient
Ordered	<input type="text"/>

Immunization Orders

Immunization Notes

Make All:

Yes No NA

- MD counseling for vaccines done - reviewed diseases protected by vaccines, including each component, risks and benefits; how to deal with side effects. VIS given.
- Immunizations discussed but declined (listed below)
-



notes

Lab

Radiology

Asthma action plan

Select All

- Green zone medication (Breathing is good, no cough or wheeze, can work and play)
notes
- Yellow zone medication (Cough, wheeze, tight chest, wake up at night)
notes
- Red zone medication (Medicine not helping, breathing is hard and fast, nasal flaring, can't walk, retractions, can't talk well)
notes
- add item
notes

Plan

Select All

- Medication change
notes
- Medication or refill e-prescribed
notes
- Medication instructions including dosage and missed doses explained, parent voices understanding
notes
- Medication side effects reviewed



notes

- Cost of medication discussed

notes

- Patient's ability to swallow pills discussed

notes

- Interval history, exam findings discussed and interpreted

notes

- Spirometry/flow volume loop discussed and interpreted

notes

- Asthma action plan developed, copy provided

notes

- Treatment plan outlined

notes

- Intermittent asthma - step 1 therapy

notes

- Mild persistent asthma - step 2 therapy

notes

- Moderate persistent asthma - step 3 or 4 therapy (consider referral)

notes

- Severe persistent asthma - step 5 or 6 therapy (referral)

notes

- Instructed on use of MDI spacer

notes

- Instructed on use of nebulizer



notes

- Compliance with follow-up plan discussed

notes

- Day care return note provided

notes

- School return note provided

notes

- Sports return note provided

notes

- So You Have Asthma resources from NHLBI provided, including self-help materials

notes

- add item

notes

Plan Notes

Asthma Care (ARRA)

- Asthma medication was not prescribed at patient's/caregiver's request

notes

Parent/Patient Understanding



Make All: **Gd** **Fr** **Pr**

Gd Fr Pr

Parent understanding

notes

Patient understanding

notes

add item

notes

Referral

Order Pulmonology

Order Allergy/Asthma

Followup

Order Next well visit

Order Return to office (list reason and time frame)

Order by Phone (list reason and time frame)

Order by Phone (nurse call to check on)

Order See www.aafatexas.org for self-help materials

Order Flu vaccine - remember to schedule in the fall when it is available



Navigational Anchors in Asthma Visit - TLC

1. Intake
2. Vitals
3. History of Present Illness
4. Asthma Review
5. Asthma Triggers
6. Parental Concerns
7. Medicaltest
8. Review of Systems
9. Physical Exam
10. Assessment
11. Diagnoses
12. Assessment
13. Medical Procedures
14. Immunizations
15. Immunization Notes
16. Lab
17. Radiology
18. Asthma action plan
19. Plan
20. Parent/Patient Understanding
21. Referrals
22. Follow Up