



Reason For Visit

Select All

- Asthma yearly review and flu vaccine
notes
- Asthma recheck
notes
- add item
notes

Vitals

Temperature °F Method Unspecified +

Pulse beats per minute +

Respiratory Rate breaths per minute +

Blood Pressure / systolic/diastolic Location Unspecified Position Unspecified +

Weight lbs oz +

O₂ Saturation % +

More

Problem List (Medical Summary)

Display: All Statuses

Edit

| Status | Problem | Problem Note | Onset | Resolved |
|--------|---------|--------------|-------|----------|
| | | | | |



Medication History (Medical Summary) Updated N/A

Display: All Statuses ▼

| Active | Drug | Formula | Details |
|--------|------|---------|---------|
| | | | |

Parental Concerns

Asthma History

History from

Medical Test

Childhood Asthma Control Test (4-11 years)

Asthma Control Test (12 years and older)

Asthma History

Make All:

Yes No N/A

Days missed from school/daycare in the past 6 months DUE TO ASTHMA



- Days parent missed from work in the past 6 mos DUE TO CHILD'S ASTHMA
- Visits to ER or Urgent Care DUE TO ASTHMA in the past 12 months
- Hospital admission DUE TO ASTHMA in the past 12 months
- On a scale of 1-10 (with 10 being very comfortable) how comfortable are you taking care of your child with asthma when he/she is sick or well
- what would make you feel more comfortable/confident
- During the PAST 4 WEEKS, how frequently has your child experienced episodes of cough, shortness of breath, wheezing or reduced activity DUE TO ASTHMA DURING THE DAY?
- During the PAST 4 WEEKS, how frequently has your child experienced episodes of cough, shortness of breath, wheezing or waking up DUE TO ASTHMA AT NIGHT
- Yes No N/A During the PAST WEEK, how often did your child need a fast acting or quick relief medication (rescue inhaler) at times OTHER THAN BEFORE EXERCISE?
- Does your child use a spacer with the inhaler?
- When are asthma symptoms worse?
- List all things that make your child's asthma worse



notes

How often does asthma limit your child's activities?

notes

How would you rate your child's asthma control during the PAST MONTH

notes

Are you planning to have your child receive the flu vaccine this flu season?

notes

Are there things about YOUR CHILD'S ASTHMA you want to discuss with your provider today?

notes

Yes No N/A

add item

notes

Asthma History-Provider

Make All:

yes no oth

Was a recommendation made for the patient to receive the flu vaccine?

notes

Asthma severity level

notes

Is the patient on a controller medicine?

notes

If on a controller med, does the patient/parent report using controller medications daily (applies to seasonal and continuous use)?



notes

Has the patient received oral steroids for bronchospasm within the PAST 12 MONTHS?

notes

Does the patient have a written asthma action plan?

notes

If yes, was the plan updated as needed and reviewed with the patient and/or family at this visit?

notes

Has the patient been seen by an allergist or pulmonologist during the LAST 12 MONTHS for assistance with asthma management due to severity of illness?

notes

yes no oth

If yes, who is the specialist?

notes

Provider rating of the patient's asthma control during the PAST MONTH

notes

Has the patient had spirometry in the past 1-2 years?

notes

If yes, date of spirometry

notes

add item

notes

Review of Systems

Make All:



Pos Neg N/A

Allergic/Immunologic

Skin

Eyes

Ears

Nose

Mouth/Throat

Respiratory

Cardiovascular

Pos Neg N/A

Gastrointestinal

add item

Physical Exam



Make All:

A N N/E

General Appearance

Eyes

Ears

Nose

Mouth

Chest/lungs

Heart

Abdomen

A N N/E

Skin

add item



Medical Procedure

- Spirometry simple
- Spirometry bronchial challenge
- Peak flow review and interpretation
- Pulse oximetry

Lab

- Allergy Panel Test

Immunizations

Immunization History

| | |
|---------------------------------|--|
| <input type="button" value=""/> | There are no immunizations recorded for this patient |
| Ordered | |

Immunization Orders

| | | | |
|--------------------------------------|---------------------------------------|------------------------|---|
| <input type="button" value="Order"/> | <input type="button" value="Refuse"/> | select an immunization | ▼ |
|--------------------------------------|---------------------------------------|------------------------|---|

Diagnoses

| | | |
|--------------------------|---------------|---|
| <input type="checkbox"/> | add diagnosis | ▼ |
| | notes | ▼ |

Asthma action plan

| | |
|--|---|
| <input type="button" value="Select All"/> | |
| <input type="checkbox"/> 100% peak flow | |
| notes | ▼ |
| <input type="checkbox"/> Green zone medication | |
| notes | ▼ |



- 80% peak flow
- Yellow zone medication
- 50% peak flow
- Red zone medication
- add item

Plan

-
- Interval history, exam findings discussed and interpreted
 - Spirometry/flow volume loop discussed and interpreted
 - Instructed on use of peak flow meter
 - Peak flow results discussed and interpreted
 - Medication as e-prescribed
 - add item



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 Allergy/Asthma

Order Pulmonology

Followup

Order Schedule asthma recheck visit

Order Schedule well visit



Navigational Anchors in Asthma-Union

1. Reason For Visit
2. Vitals
3. Asthma History
4. Asthma History-Provider
5. Review of Systems
6. Physical Exam
7. Immunizations
8. Diagnoses
9. Asthma action plan
10. Plan
11. Referrals
12. Follow Up