



Intake

Informant/Relationship

Chief Complaint--asthma

Select All

Medication

HPI

ACT Score

Select All

1. In the past 4 weeks, how much of the time did your asthma keep you from getting as much done at work, school, or at home? All of the time =1 , Most of the time = 2, some of the time = 3, A little = 4, None = 5

2. During the past 4 weeks, how often have you had shortness of breath? More than once a day = 1; Once a day = 2, 3 to 6 times a week = 3, once or twice a week = 4, Not at all = 5

3. During the past 4 weeks, how often did your asthma symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) wake you up at night or earlier than usual in the morning? : 4 or more nights a week = 1, ; 2 or 3 nights a week = 2; once a week = 3; once or twice = 4; Not at all = 5

4. During the past 4 weeks, how often have you used your Albuterol? ; 3 or more time per day = 1, 1 or 2 times per day = 2, 2 or 3 times per week = 3, ; once a week or less = 4; Not at all = 5

5. How would you rate your asthma control during the past 4 weeks? Not controlled at all = 1, Poorly controilled = 2, Somewhat controlled =3, Well controlled = 4 , Completely controlled = 5



notes

If your score is 19 or less, your asthma may not be as well controlled as it could be. Enter total score here.

notes

add item

notes

Associated Symptoms

Select All

Wheezing

notes

Cough

notes

Congestion

notes

Chest pain / tightness

notes

SOB

notes

add item

notes

HPI--General

Frequency of Symptoms

notes

Date of last rescue inhaler (Albuterol or Xopenex) use:



notes

Duration of Symptoms

notes

When are the symptoms worse

notes

Impact on Play / Sports

notes

Impact on School / Work

notes

Does your child restrict themselves from activities due to asthma symptoms?

notes

Personal Best Peak Flow

notes

Recent Peak Flow

notes

HPI--asthma triggers

Select All

URI

notes

Stress

notes

Seasonal Changes

notes



- Exercise
notes
- Smoke
notes
- Humidity
notes
- Heat
notes
- Cold
notes
- Rain
notes
- Pollen
notes
- Weather Changes
notes
- Dust
notes
- Animal Dander
notes
- Mold
notes
- add item
notes



Smoking Status (ARRA)

select smoking status

Review of Systems

Make All:

Pos Neg N/A

General

Eye

ENT

Cardiovascular

Respiratory

G-I

Skin

Allergy

Pos Neg N/A



notes

Social/Family History

Select All

Passive smoke exposure

notes

pets

notes

wood burning stove

notes

kerosene heater

notes

cock roaches

notes

add item

notes

Past Medical History

Make All: **pos** **neg** **unk**

pos neg unk

Respiratory Distress in the Neonatal Period

notes

History of Intubation

notes



RSV / Bronchiolitis <1 yr

Asthma

Allergic rhinitis

eczema

Sinusitis

GERD

pos neg unk
 Cardiac disease

thyroid disease

add item

Family history

Make All:

yes no n/a

Asthma



notes

Allergies (food/latex/environmental)

notes

Thyroid disorders

notes

Cardiac Disease

notes

add item

notes

Immunizations

Immunization History

	There are no immunizations recorded for this patient
Ordered	

Immunization Orders

Immunization

Make All:

UTD UNK LAC

Immunization status

notes

add item

notes

Vitals



Weight	<input type="text"/>	lbs	<input type="text"/>	oz		<input data-bbox="1393 128 1442 170" type="button" value="+"/>
Height	<input type="text"/>	in				<input data-bbox="1393 184 1442 226" type="button" value="+"/>
Temperature	<input type="text"/>	°F	Method	<input type="text" value="Unspecified"/>	<input type="button" value="v"/>	<input data-bbox="1393 241 1442 283" type="button" value="+"/>
Pulse	<input type="text"/>	beats per minute				<input data-bbox="1393 298 1442 340" type="button" value="+"/>
Respiratory Rate	<input type="text"/>	breaths per minute				<input data-bbox="1393 354 1442 396" type="button" value="+"/>
Blood Pressure	<input type="text" value="/"/>	systolic/diastolic	Location	<input type="text" value="Unspecified"/>	<input type="button" value="v"/>	Position <input type="text" value="Unspecified"/>
BMI		kg/m ²				<input data-bbox="1393 411 1442 453" type="button" value="+"/>

 More

Family History (Medical Summary) No Saved Notes

Social History (Medical Summary) No Saved Notes

Medical History (Medical Summary) No Saved Notes

Chaperone Offered and Present (Include Name)

Physical Exam

Make All:

A N N/E



- General Appearance**
- Head**
- Eyes**
- Ears**
- Nose**
- Oropharynx**
- Neck**
- Chest**
- A N N/E**
- Cardiovascular**
- Lungs**
- Abdomen**



Musculoskeletal

Neurologic

Skin

add item

Lab

Radiology

Chest X-ray, 2 views

Upper GI

Medical Procedure

Spirometry

MDI Teaching

Nebulizer Education

Chest P/T

Medical Test

Injection

Asthma Classification



- Meets Persistent Asthma criteria:
- Daytime symptoms 2 x week
- Nighttime symptoms 2X month
- FEV 1% less than 80% over the age of 5
- Any Exercise Intolerance
- None of the above : Does not meet persistent asthma qualification and is classified as INTERMITTENT
- add item

Diagnoses

- add diagnosis

Plan

-
- Teaching Done
 - Parent / Caregiver expressed understanding of medication and treatment plan



- Asthma Care Plan updated and reviewed with patient/parents
- Asthma symptom journal provided
- Asthma trigger reduction discussed
- Second hand smoke exposure discussed
- Smoking cessation discussed with patient/parents
- Patient demonstrates proper use of MDI
- Patient unable to demonstrate proper use of MDI (provide reason)
- Laboratory/Screening Results reviewed and discussed
- Other
- add item

Asthma Care (ARRA)

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



Referral

- Pulmonology
- Allergy / Immunology
- ENT

Followup

- Follow up at well visit
- Follow up in 1 month
- Follow up in 3 months
- Follow up in 6 months
- School note needed
- Work note needed

Navigational Anchors in Asthma Initial Assessment - CPAM

1. Intake
2. Current Medication
3. History of Present Illness
4. Social/Family History
5. Family history
6. Immunizations
7. Vitals
8. Physical Exam
9. Lab
10. Asthma Classification
11. Diagnoses
12. Plan
13. Referrals
14. Follow Up