



Informant/Relationship

Chief Complaint

Medication

Medication History (Chart-wide) Updated N/A

Display: All Statuses

Active	Drug	Formula	Details

Vitals

Weight lbs oz

Height in

O₂ Saturation %

Pulse beats per minute

More

Asthma History

Select All

- Daytime cough (events per week)
- Nighttime cough (events per week)
- Exercise intolerance?
- Albuterol usage (weekly, monthly, or with exercise)



notes

School/work absences due to symptoms

notes

ED visits/hospitalizations for asthma in last 6-12 months

notes

Steroid courses in last 6-12 months

notes

Current ACT Score (Asthma Control Test)

notes

add item

notes

Problem List (Chart-wide)

Display: All Statuses

Edit

Status	Problem	Problem Note	Onset	Resolved

Past, Social, Family History

Past History

notes

Social History

notes

Family History

notes

Family Medical History (Chart-wide)

Edit



Condition	Relationship	Note

Review of Systems

Make All: **Pos** **Neg** **N/A**

Pos Neg N/A

- General

notes
- History/review of systems negative as above (unless otherwise noted) and confirmed by provider.

notes
- HEENT

notes
- Respiratory

notes
- add item

notes

Asthma Triggers

Select All

- URI/illness

notes
- Allergies (seasonal or indoor)

notes
- Exercise

notes
- Environmental exposures (tobacco, pets)

notes
- Weather changes



notes

add item

notes

Physical Exam

Make All: **ABN** **NL** **N/E**

ABN NL N/E

General

notes

Ears

notes

Nose

notes

Throat

notes

Lungs

notes

Heart

notes

add item

notes

Medical Procedure

Radiology

Lab

Diagnoses

Chronic cough

notes

Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note



Wheezing
notes
 Add to Problem List Onset: Problem Note:

add diagnosis
notes

Asthma Assessment

Select All

Mild intermittent
notes

Mild to moderate persistent
notes

Moderate to severe persistent
notes

Mild intermittent with hx of severe exacerbations
notes

add item
notes

Asthma Plan

Select All

Rescue medications reviewed and refilled
notes

Controller Therapy (Flovent, QVAR, Pulmicort)
notes

AAP completed; copy given to family and attached to visit
notes

Follow-up:
notes

Written educational resources provided
notes



Referral to specialist (allergist, pulmonologist, or ENT)

notes

add item

notes

Followup

Immunizations

Immunization History

There are no immunizations recorded for this patient

Ordered

Immunization Orders

select an immunization

Referral



Navigational Anchors in Asthma Control

1. Chief Complaint
2. Asthma History
3. Past/Soc/Fam Hx
4. Review of Systems
5. Asthma Triggers
6. Physical Exam
7. Medical Procedures
8. Diagnoses
9. Asthma Assessment
10. Asthma Plan
11. Immunizations