Intake

Informant/Relationship

Vitals

Height in +

Weight lbs oz +

Temperature °F Method Unspecified +

Respiratory Rate breaths per minute +

O_2 Saturation % +

More

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

Night Time Symptoms (nights per month)

notes

Hospitalizations

notes

Physical Exam

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

ABN NL N/E

General Appearance

notes

HEENT

notes

Chest

notes

Cardiovascular

notes

Abdomen

notes

Extremities

notes

add item

notes

Diagnoses

add diagnosis

notes

Assessment

Select All

Asthma: Mild intermittent (symptoms <2days/week, <2 nights/mo)

notes

Asthma: Mild persistent (symptoms >2 days/week, >2 nights/mo)

notes

Asthma: moderate persistent (symptoms daily, 1 night/week)

notes

Asthma: severe persistent (daytime symptoms continuous, night time symptoms frequent)

notes

Time spent on evaluation

notes

add item

notes

Plan

Select All

Medication change

notes

Medication or refill e-prescribed

notes

add item

notes

Medical Procedure

Order Asthma teaching

Order Asthma action plan

Order Aerochamber with mask (infant) TOS

Order Aerochamber without mask TOS

Immunizations

Immunization History

There are no immunizations recorded for this patient

Ordered

Immunization Orders

Order | Refuse | select an immunization

Immunization Notes

Make All: Yes | No | NA

Yes No NA

Immunization informed consent

notes

Immunizations discussed but declined (listed below)

notes

add item

notes

Lab

Radiology

Order CXR, AP/lat

Referral

Order Pulmonology

Followup

Order Return to office (list reason and time frame)

Navigational Anchors in Asthma Review

1. Intake
2. Asthma Review
3. Physical Exam
4. Diagnoses
5. Assessment
6. Plan
7. Medical Procedures
8. Immunizations
9. Immunization Notes
10. Lab
11. Referrals
12. Follow Up