

**Forms****Generate** Controlling Asthma CDC

select a form

**Informant/Relationship****Siblings (Chart-wide)**

None

**Chief Complaint****Vitals**Height  in Weight  lbs  oz 

BMI

Blood Pressure  s /  d 

Unspecified Location

Unspecified Position

Pulse  bpm Respiratory Rate  bpm Temperature  °F 

Unspecified Method

 **More****Growth Charts**

Growth Charts are not available when patient's sex is unknown.

**EPPA MDI Evaluation/Teaching Nurse**Make All: **Yes** **No** **N/A**

Yes No N/A

☐ ☐ ☐ CURRENT MEDICATIONS:

notes

☐ ☐ ☐ INITIAL TEACHING

notes

☐ ☐ ☐ REPEAT TEACHING

notes

☐ ☐ ☐ FAMILY/PATIENT INSTRUCTED MDI PROPER TECHNIQUE for priming, use and cleaning

notes

- ☐ ☐ ☐ FAMILY/PATIENT INSTRUCTED DPI PROPER TECHNIQUE for priming, use and cleaning

notes

- ☐ ☐ ☐ FAMILY/PATIENT INSTRUCTED NEB PROPER TECHNIQUE for priming, use and cleaning

notes

- ☐ ☐ ☐ INSTRUCTED proper use SPACER W/MASK

notes

- ☐ ☐ ☐ INSTRUCTED proper use SPACER W/MOUTHPIECE

notes

Yes No N/A

- ☐ ☐ ☐ INSPIRATORY AIR FLOW via In-Check Dial L/min

notes

- ☐ ☐ ☐ Inspiratory Airflow NOT APPROPRIATE re-instruction in proper flow technique

notes

- ☐ ☐ ☐ Inspiratory Airflow STILL NOT APPROPRIATE to be evaluated by:

notes

- ☐ ☐ ☐ VIEWED INHALED MEDICATION instructional video

notes

- ☐ ☐ ☐ HANDOUTS given on inhaled med devices

notes

- ☐ ☐ ☐ RX REFILLS NEEDED :

notes

- ☐ ☐ ☐ OTHER:

notes

- ☐ ☐ ☐ add item

notes

### EPPA Asthma f/u HPI

Overall Control:

notes

Meds:

notes

Last Exacerbation:

notes

Last used rescue meds:

Prior Asthma Care Plan Goal: Asthma is well controlled and not limiting participation in home, friend, or school activities.

Potential barriers to meeting Asthma Care Plan Goal:

Any new patient preference and functional/lifestyle goals:

Parent/Patient questions re: medications:

OTC meds

Flu vaccine for current season:

**Comments****Growth Chart Review****Select All**☐ **Allergies (Chart-wide)**Display: **All Statuses****Edit**

Status	Allergy	Reaction	Onset	Resolved

**PCC eRx Allergies (Chart-wide)** Last Modified N/ADisplay: **All Statuses**

Status	Allergen	Reaction	Severity	Sensitivity Type	Onset	Resolved

**Mark as Reviewed**

fineprintLbl

**Past, Family, Social History****Medical History (Chart-wide)** No Saved Notes**Edit****Surgical History (Chart-wide)** No Saved Notes**Edit**

**Family Medical History (Chart-wide)**[Edit](#)

Condition	Relationship	Note

**Social History (Chart-wide)** No Saved Notes[Edit](#)**Problem List (Chart-wide)**

Display: All Statuses ▾

[Edit](#)

Status	Problem	Problem Note	Onset	Resolved

**Medication History (Chart-wide)** Last Modified N/A

Display: All Statuses ▾

Status	Medication	Instructions	Start	Stop

[Mark as Reviewed](#)

fineprintLbl

**► Confidential Notes (Chart-wide)** No Saved Notes[Edit](#)**Transition of Care (ARRA)**

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

**Smoking Status (ARRA)** ▾**HPI****EPPA ROS - Constitutional**Make All: [Yes](#) [No](#) [N/A](#)

Yes No N/A

- ☐ ☐ ☐ Fever  
 ▾
- ☐ ☐ ☐ Fatigue/Lethargy  
 ▾
- ☐ ☐ ☐ Not Sleeping Well  
 ▾
- ☐ ☐ ☐ add item  
 ▾



**EPPA ROS - ENT**Make All: **Yes** **No** **N/A**

Yes No N/A

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nasal Congestion/Discharge/Itching	notes
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nose Bleeds	notes
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Post Nasal Drip	notes
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pressure or Fullness of Ears/Sinuses	notes
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Changes in Hearing	notes
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Earache	notes
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hoarseness	notes
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Sore Throat	notes

Yes	No	N/A	add item
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	notes

**EPPA ROS- Cardiovascular**Make All: **Yes** **No** **N/A**

Yes No N/A

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SOB with Exercise	notes
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Dizziness during Exercise	notes
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	add item	notes

**EPPA ROS - Eyes**

Make All:   

Yes No N/A

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Itching	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Infra Orbital Shiners	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Peri Orbital Edema	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Redness	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excessive Tearing	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	add item	<input type="text" value="notes"/>	▼

**EPPA ROS - Allergic/ Immunologic**Make All:   

Yes No N/A

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Ocular Allergies	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Seasonal Allergies (Pollen)	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Animal Allergies	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Sensitive to Indoor Allergens (Dust,Mold)	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Eczema	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	add item	<input type="text" value="notes"/>	▼

**EPPA ROS - Respiratory**Make All:

Yes No N/A

☐ ☐ ☐ Cough

notes

☐ ☐ ☐ Cough worsening at night/ Disturbing sleep

notes

☐ ☐ ☐ Dyspnea on Exertion

notes

☐ ☐ ☐ Wheezing

notes

☐ ☐ ☐ Difficulty Breathing

notes

☐ ☐ ☐ add item

notes

**EPPA ROS - Skin**Make All: **Yes** **No** **N/A**

Yes No N/A

☐ ☐ ☐ Rashes or Dry skin

notes

☐ ☐ ☐ add item

notes

**EPPA ROS General****Pertinent History****EPPA Pertinent Past Medical Hx**Make All: **Yes** **No** **N/A**

Yes No N/A

☐ ☐ ☐ Flu vaccine current for season

notes

☐ ☐ ☐ Tobacco use

notes

☐ ☐ ☐ Allergic rhinitis (seasonal, environmental, pets)

☐ ☐ ☐ Asthma/wheezing/pneumonia

☐ ☐ ☐ Chronic or recurrent skin problems (acne, eczema, etc)

☐ ☐ ☐ Epistaxis

☐ ☐ ☐ Recurrent croup

☐ ☐ ☐ Food Allergy

Yes No N/A

☐ ☐ ☐ Frequent sinusitis

☐ ☐ ☐ GER/GI problems

☐ ☐ ☐ add item

### EPPA Pertinent Family Hx

Make All:

Yes No N/A

☐ ☐ ☐ Allergic rhinitis

☐ ☐ ☐ Asthma/lung disease

☐ ☐ ☐ add item

### EPPA Pertinent Social Hx

Make All:

Yes No N/A

☐ ☐ ☐ Tobacco exposure

☐ ☐ ☐ Exposure to dust/mold

notes

☐ ☐ ☐ Exposure to industrial solvents, fumes, aerosols, or other chemicals

notes

☐ ☐ ☐ Exposure to pollens

notes

☐ ☐ ☐ Daycare attendance

notes

☐ ☐ ☐ Ill exposures

notes

☐ ☐ ☐ add item

notes

### Physical Exam

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

ABN NL N/E

☐ ☐ ☐ General Appearance

notes

☐ ☐ ☐ Eyes

notes

☐ ☐ ☐ Ears

notes

☐ ☐ ☐ Nose

notes

☐ ☐ ☐ Oropharynx

notes

☐ ☐ ☐ Neck

notes

☐ ☐ ☐ Lungs

notes

☐ ☐ ☐ Cardiovascular

notes

ABN NL N/E

☐ ☐ ☐ Skin

notes

☐ ☐ ☐ add item

notes

## Policies

Display: All Statuses

Edit

## Immunizations

### Vaccines

Print

There are no immunizations recorded for this patient

Ordered

### Diseases

There are no vaccine-preventable diseases for this patient

## Forecasting Results Updated: NA

☒ Show Informational Warnings(0)

Refresh

Immunization forecasting results and warnings provided by IMMUCAST™

## ▼ Vaccines For Children

Insurance and Race as of 10/21/20

Eligibility Status: select an eligibility status

## Immunization Orders

Select Vaccine Lots

Order

Refuse

FLU-IIV4pf 0.5ml

Order

Refuse

FLU-LAIV4

Order

Refuse

select an immunization

## Immunization Consent

Select All

☐ Counseled on risks, benefits, and contraindications for all vaccine components. CDC VIS reviewed. All questions answered.

notes

☐ add item

notes

## Lab

Generate Requisition

Order

select a lab

## Medical Procedure

Order

Asthma/MDI/NEB teaching

**Order** Spirometry**Order** Spirometry Pre and Post Bronchodilator**Order** Asthma action plan**Order** select a medical procedure**Screening****Order** Asthma Control Test (4-11 years)**Order** Asthma Control Test (12 years and older)**Order** select a screening**Diagnoses**☐ Allergic rhinitis due to pollen

Refine the diagnosis of Allergic rhinitis due to pollen

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

☐ Allergy to egg protein☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

☐ Allergy to peanut☒ Include on Patient Reports

notes

☐ Add to Allergies list

Onset: mm/dd/yy

Allergy Reaction: allergy reaction note

☐ Asthma

Refine the diagnosis of Asthma

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

☐ Eczema

Refine the diagnosis of Eczema

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

☐ Allergy to food

Refine the diagnosis of Allergy to food

☒ Include on Patient Reports

notes

☐ Add to Allergies list

Onset:

mm/dd/yy

Allergy Reaction:

allergy reaction note

☐ select diagnosis

notes

**Differential Diagnoses****EPPA asthma plan****Select All**☐ Medication changes:

notes

☐ All patient/ parent questions answered.

notes

☐ Reviewed severity of asthma, control as reported by symptom history and exam

notes

☐ Reviewed medications with patient/parent

notes

☐ Discussed medication effects and side effects for new meds

notes

☐ Discussed need for compliance with daily controllers and avoidance of triggers as much as possible

notes

☐ Reviewed pharmacology of controller and rescue medication

notes

☐ Discussed use of spacer if applicable

notes

☐ Reviewed and addressed barriers to medication compliance

notes

☐ Asthma Care Plan (including Asthma Action Plan) developed with AND printed copy given to patient/parent

notes

☐ Notify office if acute respiratory symptoms are noted or if patient needs to use rescue inhaler more than twice weekly on a regular basis or if nighttime symptoms or exercise intolerance is noted



notes ▼

- ☐ Contact office with change in status and/or symptoms requiring initiation of yellow/red zone medications.

notes ▼

- ☐ Education handouts available on parent portal and EPPA web site

notes ▼

- ☐ Other:

notes ▼

- ☐ Other recommended plans:

notes ▼

- ☐ add item

notes ▼

## Asthma Action Plan

### Asthma Severity

Select All

- ☐ add item

notes ▼

### Asthma triggers

Select All

- ☐ add item

notes ▼

## GREEN ZONE

Select All

- ☐ (No cough, wheeze, chest tightness or shortness of breath during the day or night. Can do usual activities.)

notes ▼

- ☐ Use albuterol 2 puffs 20 minutes prior to exercise as needed

notes ▼

- ☐ Other:

notes ▼

- ☐ add item

notes ▼

## YELLOW ZONE

**Select All**

- ☐ (Cough, wheeze, chest tightness, or shortness of breath. Waking at night due to asthma. Can do some, not all, usual activities.)

- ☐ Other:

- ☐ add item

**RED ZONE****Select All**

- ☐ (Very short of breath. Quick relief medications have not helped. Cannot do usual activities. Symptoms are same or get worse after 24 hours in Yellow Zone.)

- ☐ Seek medical care if needing to use Albuterol sooner than every 4 hrs

- ☐ Albuterol nebulizer 1 vial every 20min for 3 treatments and call

- ☐ Proair (albuterol) 4 puffs every 20min x3 and call

- ☐ Ventolin (albuterol) 4puffs every 20min x3 and call

- ☐ Patient may \_\_\_ may not \_\_\_ carry inhaler

- ☐ Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- ☐ add item

**Provider Signature:** \_\_\_\_\_

**Plan and Follow-up Instructions- EPPA****Select All**

- ☐ Asthma trigger reduction discussed

- ☐ Asthma action plan developed, copy provided

notes

- ☐
- Food allergy/anaphylaxis plan completed and copy given to patient

notes

- ☐
- add item

notes

**Plan Notes****Greater than 50% of today's visit was spent in counseling****Select All**

- ☐
- add item

notes

**Followup****Order** Follow up in 12mo with PFT**Order** Follow up in 6 mo with PFT**Order** Follow up in 3 mo with PFT**Order** Follow up in 2 mo with PFT**Order** select a followup**Referral****Order** Allergy / Immunology**Order** Pulmonology**Order** select a referral**Care Plan (Chart-wide)**

Print

Display: All Statuses

Edit

No Interventions

**Visit Documents**

## Navigational Anchors in Asthma f/u EPPA

1. Forms
2. Informant/Relationship
3. Siblings
4. Chief Complaint
5. Vitals
6. Growth Charts
7. MDI Evaluation/Teaching
8. EPPA Asthma f/u Review
9. Allergies
10. Past, Social, Family History
11. Family Medical History
12. Social History
13. Problem List
14. Medication History
15. HPI
16. EPPA ROS - Constitutional
17. EPPA ROS - ENT
18. EPPA ROS- Cardiovascular
19. EPPA ROS - Eyes
20. EPPA ROS - Allergic/ Immunologic
21. EPPA ROS - Respiratory
22. EPPA ROS - Skin
23. EPPA ROS General
24. Pertinent History
25. EPPA Pertinent Past Medical Hx
26. EPPA Pertinent Family Hx
27. EPPA Pertinent Social Hx
28. Physical Exam
29. Policies
30. Immunizations
31. Immunization Consent
32. Lab
33. Medical Procedures
34. Screening Orders
35. Diagnoses
36. Differential Diagnoses
37. EPPA asthma plan
38. Asthma Action Plan
39. Plan
40. Greater than 50% of today's visit was spent in counseling
41. Followup Orders
42. Referral
43. Care Plan
44. Prescriptions