



## Asthma Assessment Flow Sheet

Current Symptoms	Date:			Date:			Date:					
	Cough	Sputum	SOB	Cough	Sputum	SOB	Cough	Sputum	SOB			
	Chest Pain/Tight	Wheeze	Asymptomatic	Chest Pain/Tight	Wheeze	Asymptomatic	Chest Pain/Tight	Wheeze	Asymptomatic			
Recent Symptoms/ History Describe:	# sx days/week: #sx nights/month:			# sx days/week: #sx nights/month:			# sx days/week: #sx nights/month:					
Other Symptoms												
PFRs @ Home	No PFM			No PFM			No PFM					
Current Meds												
Albuterol Frequency												
ER/Hospitalization	# of visits last 2 weeks:			# of visits last 2 weeks:			# of visits last 2 weeks:					
Missed School	# of days last 2 weeks			# of days last 2 weeks			# of days last 2 weeks					
Impact on Activity												
Exam P/RR/T												
PFR (%PEFR)	(      %)			(      %)			(      %)					
Post-tx PFR	N/A			N/A			N/A					
EENT												
Lymphatic												
Lungs:	Clear	BS:		Clear	BS:		Clear	BS:				
Wheeze												
Retractions												
Prolonged Exp.												
Cardiovascular												
Other Signs												
<b>Asthma Severity*</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Other Diagnosis												
Tx at Visit												
Plan: Reliever Med.												
<b>Controller Med.</b>												
Other Med.												
Other Med.												
Other Med.												
Other Med.												
Action Plan	Given		Reviewed	Given		Reviewed	Given		Reviewed			
Pt. Ed.: Meds	Ed.	Re-demo	Sample	Ed.	Re-demo	Sample	Ed.	Re-demo	Sample			
Spacer	Ed.	Re-demo	Sample	Ed.	Re-demo	Sample	Ed.	Re-demo	Sample			
Peak Flow Meter	Ed.	Re-demo	Sample	Ed.	Re-demo	Sample	Ed.	Re-demo	Sample			
Environ. Control												
Patient Goal(s)												
Follow-up												
See Progress Note?	Yes			Yes			Yes					
Provider Signature												

**\*See Back for Assessment and Severity Codes**

Name	HHC#	DOB	Ht	Wt
Co-morbidities	Asthma Triggers			
Environ. Issues	PEFR: pers.best	Est. for ht	Drug Allergies	



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### Asthma Severity Code and Classification Chart

Code	Classification of Severity	Daytime cough, wheeze, SOB or chest tightness	Nighttime cough, wheeze, SOB, or chest tightness	Impact on activity	FEV1/PEF
4	Severe Persistent	All the time	Frequent	Interferes with any activity	$\leq 60\%$
3	Moderate Persistent	Daily	$>5x/month$	Interferes with moderate activity	$>60\%$ $<80\%$
2	Mild Persistent	3-6x/week	3-4x/month	Only with a lot of activity	$\geq 80\%$
1	Mild Intermittent	$\leq 2x/week$	$< 2x/month$	Not at all unless an attack	$\geq 80\%$

**Note:** The presence of **ANY ONE** of the features of a severity category is sufficient to place a patient in that category. The patient should be assigned to the **MOST SEVERE** category in which any feature occurs. A patient's classification should change over time, but treatment should not be "stepped-down" until the patient is stable at the lower category for at least 3 months. A patient can be "stepped-up", however, at anytime.