## Asthma Assessment Flow Sheet

**Current Symptoms**
- Cough
- Sputum
- SOB

<table>
<thead>
<tr>
<th>Date:</th>
<th>Date:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cough</td>
<td>Sputum</td>
<td>SOB</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Recent Symptoms/History Describe:**
- # sx days/week:
- #sx nights/month:

**Other Symptoms**
- PFRs @ Home
- No PFM

**Current Meds**
- Albuterol Frequency

**ER/Hospitalization**
- # of visits last 2 weeks:

**Missed School**
- # of days last 2 weeks

**Impact on Activity**
- Exam P/RR/T
- PFR (%PEFR)
- Post-tx PFR
- Lymphatic
- Lungs:
- Clear
- BS:

**Other Signs**
- Wheeze

**Asthma Severity**
- 1
- 2
- 3
- 4

**Other Diagnosis**

**Tx at Visit**
- Plan: Reliever Med.

### Controller Med.
- Other Med.

**Environ. Control**

**Patient Goal(s)**

**Follow-up**
- See Progress Note?
- Yes

**Provider Signature**

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**Environ. Issues**

**PEFR: pers.best**

**Est. for ht**

**Drug Allergies**

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SHP_20173939

1 of 2
## Asthma Assessment Flow Sheet

### Asthma Severity Code and Classification Chart

<table>
<thead>
<tr>
<th>Code</th>
<th>Classification of Severity</th>
<th>Daytime cough, wheeze, SOB or chest tightness</th>
<th>Nighttime cough, wheeze, SOB, or chest tightness</th>
<th>Impact on activity</th>
<th>FEV1/PEF</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Severe Persistent</td>
<td>All the time</td>
<td>Frequent</td>
<td>Interferes with any activity</td>
<td>≤60%</td>
</tr>
<tr>
<td>3</td>
<td>Moderate Persistent</td>
<td>Daily</td>
<td>&gt;5x/month</td>
<td>Interferes with moderate activity</td>
<td>&gt;60% &lt;80%</td>
</tr>
<tr>
<td>2</td>
<td>Mild Persistent</td>
<td>3-6x/week</td>
<td>3-4x/month</td>
<td>Only with a lot of activity</td>
<td>≥80%</td>
</tr>
<tr>
<td>1</td>
<td>Mild Intermittent</td>
<td>≤2x/week</td>
<td>&lt;2x/month</td>
<td>Not at all unless an attack</td>
<td>≥80%</td>
</tr>
</tbody>
</table>

**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.