

Asthma Management Flow Sheet

	Date:	/ /	/ /	/ /	/ /	/ /	/ /
	Initials:						
Date of latest Asthma Action Plan		/ /	/ /	/ /	/ /	/ /	/ /
Date of last spirometry		/ /	/ /	/ /	/ /	/ /	/ /
Spirometry results: FEV ₁							
Spirometry results: FEV ₁ /FVC							
Frequency of symptoms per week last 2 weeks							
Number of missed school/work days past 2 weeks							
Frequency nighttime awakenings past 2 weeks							
Limitations w/activity past 2 weeks (none; some; extremely)							
Frequency SABA (short-acting beta-agonist) use past 2 weeks		/	/	/	/	/	/
Quality of Life Score (Asthma Control Test)							
Peak flow number this visit							
Number of emergency dept. visit(s) in past month/year		/	/	/	/	/	/
Number of admission(s) in past month/year		/	/	/	/	/	/
Education (Handouts if available) (Initials)	What is asthma: Normal airways vs. asthma airways						
	Quick relievers vs. controllers						
	Medications: action; dose; freq; side effects; priming; tracking MDI puffs; refills						
	Devices: demonstrates proper technique; cleaning						
	Peak flow technique and monitoring based on Personal Best						
	Early warning signs and what to do						
	Symptoms of worsening asthma and what to do						
	Asthma Action Plan review (every 6 months or with changes)						
	Triggers: behavior modifications and environmental control						
	Barriers to adherence? (Yes or No)						
	Patient goals						
	CoMorbidity conditions (GERD; sinusitis; rhinitis; stress; obesity; OSA)						
	Other:						
Other:							
Specialty Referral Date (Pulmonary; Allergy; _____)		/ /	/ /	/ /	/ /	/ /	/ /
Allergy Testing Date		/ /	/ /	/ /	/ /	/ /	/ /
Date of Flu Shot		/ /	/ /	/ /	/ /	/ /	/ /
Date of Pneumococcal Shot		/ /	/ /	/ /	/ /	/ /	/ /
Referral to Health Coach		/ /	/ /	/ /	/ /	/ /	/ /
Next Visit Date		/ /	/ /	/ /	/ /	/ /	/ /

Comments: