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Quentin N. Burdick Memorial Health Care Facility
ASTHMA MANAGEMENT CLINIC
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|PATIENT NAME| is a |PATIENT AGE| year old |PATIENT SEX| who presents for management of asthma.

See consult from {FLD:BEL PROVIDER LIST2} {FLD:DATE}.

SUBJECTIVE:
{FLD:IHS WORD PROCESSING}

Asthma Control Test Score: {FLD:EDIT BOX3}
Well Controlled: >20
Not Well Controlled: 16-19
Very Poorly Controlled: Less than 15

Daytime Sx: {FLD:DAYTIME SX}

Nighttime Awakening: {FLD:NITETIME SX}

Interferes w/ normal activity: {FLD:INTERFERES ACTIVITY}

SA Beta2-agonist use: {FLD:DAYTIME SX}

Exacerbations requiring oral steroids in the past year: {FLD:EDIT 10}

Adherence:
{FLD:IHS WORD PROCESSING}

Inhaler Technique:
{FLD:IHS WORD PROCESSING}

Asthma Triggers:
{FLD:BEL RX ASTHMA TRIGGERS}
Other: {FLD:TEXT (1-20)}

Tobacco Use/Exposure:
{FLD:BEL RX ASTHMA TOBACCO}

Comorbidities:
{FLD:BEL RX ASTHMA COMORBIDITIES}

Peak Flow Monitoring:
Personal best peak flow: {FLD:EDIT BOX3}
Average peak flow past 2 - 4 weeks: {FLD:EDIT BOX3}
% Best peak flow {FLD:BEL RX ASTHMA BEST PEAK FLOW}

OBJECTIVE:

ALLERGIES REVIEWED:
|ALLERGIES/ADR|

VACCINES REVIEWED:
|IMMUNIZATIONS DUE|

Spirometry Results:
Date of Last PFT: {FLD:DATE}
FEV1% Predicted: {FLD:EDIT BOX3}
FEV1/FVC: {FLD:EDIT BOX3}

ASSESSMENT:

Asthma Severity:
{FLD:BEL RX ASTHMA SEVERITY}

Asthma Control:
{FLD:BEL RX ASTHMA LEVEL OF CONTROL}

PLAN:

1) Recommended Action for Treatment: {FLD:BEL RX ASTHMA TREATMENT}

2) Current step (After today's visit): {FLD:BEL RX ASTHMA STEP}

3) Rescue Medications: {FLD:BEL RX ASTHMA RESCUE}

4) Controller Medication:
{FLD:BEL RX ASTHMA CONTROLLER}

5) Short course of oral systemic corticosteroid indicated: {FLD:YES/NO*}

Follow-up: Patient to return to pharmacy on {FLD:DATE} or as needed for increased symptoms.

{FLD:CHECKBOX1}- Differences between rescue and controller medications

{FLD:CHECKBOX1}- Avoidance of Environmental Exposures:
{FLD:BEL RX ASTHMA AVOIDANCE OF ENV}

{FLD:CHECKBOX1}- Importance of Adherence

{FLD:CHECKBOX1}- Inhaler Technique

{FLD:CHECKBOX1}- Detailed asthma action plan provided and discussed

{FLD:CHECKBOX1}- Self-monitoring

{FLD:CHECKBOX1}- Education materials provided

Best contact number to reach patient: {FLD:TEXT (1-20 CHAR)}

Total time spent with patient: {FLD:TEXT (1-10 CHAR)} minutes