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| --- |
| Student Name: |
| Sex: M or F | Date of Birth: | Date of Entry: |
| Severity Rating At Entry:□ Intermittent □ Mild Persistent □ Moderate Persistent □ Severe Persistent |
| Co-Morbid Conditions:  |
| **Date** |  |  |  |  |  |  |  |  |
| **Anti-inflammatories** | Daily doses prescribed for corticosteroids, leukotriene blockers, **mast cell inhibitors** |
|  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |
| **Symptom Control** | Symptoms = coughing, wheezing, chest tightness, shortness of breathScore: 0 = no symptoms + = mild symptoms  ++ = moderate +++ = severe |
| Daytime/Nighttime |  |  |  |  |  |  |  |  |
| Exercise |  |  |  |  |  |  |  |  |
| Flare-ups since last visit |  |  |  |  |  |  |  |  |
| **Triggers** | E = environmental controls discussed A = allergy testing doneS = sinusitis and rhinitis addressed R = reflux disease addressed |
|  |  |  |  |  |  |  |  |
| **Help**  | S= referral to Asthma Specialist E = visit with Asthma Educator |
|  |  |  |  |  |  |  |  |
| **Monitoring** | OV = Outpatient (routine) Visit AC = Acute Care VisitRoutine visits should be every 1 to 3 months based on severity |
| Type of visit |  |  |  |  |  |  |  |  |
| FEV1 - % predicted  |  |  |  |  |  |  |  |  |
| Peak flow reviewed (√) |  |  |  |  |  |  |  |  |
| **Action Plan** | 1. A written Action Plan can improve physician patient communication.2. An Action Plan can increase anti-inflammatory therapy early in a flare-up. |
| Action Plan Reviewed with student (√)  |  |  |  |  |  |  |  |  |
| Meds for Action Plan Updated |  |  |  |  |  |  |  |  |