|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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** | | | | | | | | | |
|  |  | |  |  |  |  | |  |  |  |
|  |  | |  |  |  |  | |  |  |  |
|  |  | |  |  |  |  | |  |  |  |
| **Symptom Control** | Symptoms = coughing, wheezing, chest tightness, shortness of breath  Score: 0 = no symptoms + = mild symptoms  ++ = moderate +++ = severe | | | | | | | | | |
| Daytime/Nighttime |  | |  |  |  |  | |  |  |  |
| Exercise |  | |  |  |  |  | |  |  |  |
| Flare-ups since last visit |  | |  |  |  |  | |  |  |  |
| **Triggers** | E = environmental controls discussed A = allergy testing done  S = 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 Visit  Routine 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 |  | |  |  |  |  | |  |  |  |