



Asthma focused follow-up visit

The Wisconsin Asthma Coalition encourages providers to build the following components into electronic medical record systems to serve as a guide during an asthma follow-up visit.

Current asthma symptoms:

- Cough
- Wheeze
- Chest tightness
- Short of breath
- Difficulty exercising
- Difficulty breathing at night
- Other

Current other symptoms:

- Rash
- Nasal congestion
- Runny nose/rhinitis
- Sore throat
- Ear pain
- Heartburn
- Muscle pain
- Fatigue
- Depression (use the depression screening tool at: <http://www.chawisconsin.org/asthma-resources.htm#Clinical>)
- Headache
- Other

Known allergies:

Allergy testing:

- Who tested?
- Date:
- Result:

Do you see a pulmonologist? Yes No

- Doctor name:
- Date last seen:

Do you see an allergist? Yes No

- Doctor name:
- Date last seen:

Preferred pharmacy:

Phone:

Flu vaccine:

- Today
- Already completed this season
- Recommended in fall
- Decline

Pneumococcal polysaccharide vaccine (PPSV):

- Today
- Not recommended
- 1 dose previously
- 2 doses previously
- Declined

Pneumococcal conjugate vaccine (PCV):

- Today
- Not recommended
- Previously received
- Declined

Asthma medication treatment plan:

- Controller medicine(s), list:
 - Dose/SIG:
- Rescue medicine(s), list:
 - Dose/SIG:
- Other asthma medication(s), list:
 - Dose/SIG:

Allergy medications:

- Pill(s), list:
 - Dose/SIG:
- Nasal spray(s), list:
 - Dose/SIG:
- Eye drop(s), list:
 - Dose/SIG:

Other medications:

Do you use a spacer device with your inhaler(s)? Yes No

Do you use a nebulizer? Yes No

Do you use a peak flow meter? Yes No Personal best =

What triggers worsen your asthma and is there ongoing exposure to the trigger (Yes/No)?

<input type="checkbox"/> Drugs	Yes	No	<input type="checkbox"/> Heartburn (GERD)	Yes	No
<input type="checkbox"/> Dust	Yes	No	<input type="checkbox"/> Occupational irritants	Yes	No
<input type="checkbox"/> Emotion/stress/laughter	Yes	No	<input type="checkbox"/> Pets (list type: dog, cat, etc):	Yes	No
<input type="checkbox"/> Environmental allergens	Yes	No	<input type="checkbox"/> Respiratory infection	Yes	No
<input type="checkbox"/> Environmental irritants	Yes	No	<input type="checkbox"/> Tobacco smoke	Yes	No
<input type="checkbox"/> Exercise/exertion	Yes	No	<input type="checkbox"/> Weather changes	Yes	No
<input type="checkbox"/> Foods	Yes	No	<input type="checkbox"/> Others	Yes	No

Tobacco and/or other smoke exposure:

- Self
- Parents
- Spouse
- Other
- E-cigarette use
- None

Asthma visits in the past 4 weeks (list number of visits):

- Scheduled office visits _____
- Unscheduled office visits _____
- Emergency room _____
- Hospital _____

Date of last ER visit:

TOTAL: _____

During this office visit would you like to discuss any of the following?

- Asthma goals
- Different treatment options
- Different types of medicines
- Side effects of medicines
- Cost of medicines
- Inhaler technique
- Asthma action plan
- Depression
- Environmental controls for asthma
- Use of spacer
- Use of a peak flow meter
- Other:

Comorbid disorders/PMHx

- Conjunctivitis
- Diabetes
- Eczema
- Food allergy
- GERD
- Obesity
- Oral allergy syndrome
- Otitis
- Pregnancy
- Rashes
- Rhinitis
- Tobacco and/or other smoke exposure
- Urticaria
- Other, list:

Current or previous allergen immunotherapy:

Dates:

Exam:

- Height:
- Weight:
- Temp:
- BP:
- HR:
- RR:
- HEENT:
- Pulse Ox:
- Resp:
- CV:
- Skin:

Diagnostic data:

- Spirometry
 - FEV1:
 - FVC:
 - FEV1/FVC%:
 - FEF 25-75%
- Peak flow:

Assessment:

- Control
 - Well controlled
 - Not-well controlled
 - Very poorly controlled
- Class (determined at initial asthma visit)
 - Intermittent

- Mild persistent
- Moderate persistent
- Severe persistent

Asthma medications to be prescribed:

- Bronchodilator as needed
- Bronchodilator daily (short/long acting)
- Leukotriene modifier:
- Inhaled steroid for exacerbations
- Inhaled steroid daily
- Oral steroid
- Long-acting beta-agonist
- Inhaled nasal steroid
- Antihistamine
- Other, list:

Risk factors for adverse outcomes:

- Uncontrolled asthma
- Severe asthma
- Hospitalization in past two years
- Emergency room visit in past year
- Non-adherence
- Positive depression screen
- Intubation within past 10 years
- Psychiatric co-morbidities
- None

Patient education provided: _____ Minutes spent in education

- Asthma action plan
- Asthma goals
- Device training (peak flow meter, nebulizer, spacer)
- Inhaler technique
- Medications
- Smoking cessation
- Trigger control
- Other

Follow-up:

- Utilize asthma control in decision:
 - Well controlled – ACT score ≥ 20 , no hospitalizations, ER/U visits, uncontrolled comorbidities; $\geq 50\%$ adherence to controller medication
 - Return in 3-6 months
 - Uncontrolled: ACT score ≤ 19 , or unscheduled asthma related care in past year, or adherence to controller $< 50\%$
 - Asthma uncontrolled on two consecutive visits = consider specialty referral
 - If risk factors for adverse outcome and uncontrolled asthma = strongly consider specialty referral
- Next visit:

Revised with permission from Bukstein D et al. Asthma end points and outcomes: what have learned? Journal of Allergy & Clinical Immunology 2006;118:S1-15 10-30-13