

Sample Asthma Progress Note for Primary Care Office

Patient name, DOB, and medical record number

CC

Planned or sick visit

HPI

Symptom	Onset/duration	Severity	Pattern/context	Response to Rx
Cough				
Wheezing				
SOB/Chest tightness				

Summary number of days/nights with symptoms during past 2 weeks

Triggers this episode

Usual triggers (circle) and control efforts (add note):

URI	Cockroaches	Fall (e.g., ragweed)
Exercise	Pet dander	Other: _____
Change in weather/cold air	Mold	
Smoke	Spring (e.g., grass, flowers, trees)	
Dust		

Medications for asthma and atopy	Dosage/form	Maintenance frequency	Current frequency	Time of last dose
Albuterol MDI				
Albuterol neb				
Inhaled steroid				
Leukotriene modifier				
Oral steroid				
Antihistamine				
Nasal steroid				
Topical steroid				
Other:				

Who administers medications?

Is spacer used?

PMH

Number of missed childcare/school/work days in past 2 months due to asthma

Number of oral steroid bursts in past 6 months

Number of ED visits in past 6 months

Number of hospitalizations in past year ICU?

Intubated?

Assessment

Primary diagnosis
Asthma severity level
Comorbidities

Plans

Goals of therapy
Written asthma action plan (display at home, copy in chart)

Medication	Dosage/form	Frequency	Refills
Albuterol MDI*			
Albuterol neb			
Inhaled steroid			
Leukotriene modifier			
Oral steroid			
Antihistamine			
Nasal steroid			
Other:			

* Consider dispensing 2 for home and school; provide permission for inhaler use at school
Spacer for inhaler
Observe and teach inhaler/peak flow technique

Influenza vaccine

Trigger control:

Smoking cessation counseling Nicotine replacement therapy
Integrated pest management

Patient education handouts

Referrals:

Community asthma education
Home nurse education/case mngt.
Spirometry
Allergy

Follow-up appt

Signature of physician

Date

Developed by John Meurer, MD, MBA, and clinicians active in FAM Allies and Wisconsin Asthma Coalition, Wisconsin Academy of Pediatrics, and Wisconsin Allergy Society primarily from CHW Respiratory ED Chart, NICHQ Asthma Encounter Form, FAM Allies Living with Asthma Survey, and US Public Health Service

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