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](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

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

<table>
<thead>
<tr>
<th>Trigger</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Drugs</td>
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<td>Dust</td>
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<tr>
<td>Emotion/stress/laughter</td>
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<tr>
<td>Environmental allergens</td>
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<tr>
<td>Environmental irritants</td>
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<td>Exercise/exertion</td>
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<tr>
<td>Foods</td>
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<tr>
<td>Heartburn (GERD)</td>
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<td>Occupational irritants</td>
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<tr>
<td>Pets (list type: dog, cat, etc):</td>
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<tr>
<td>Respiratory infection</td>
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<td>Tobacco smoke</td>
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<td>Weather changes</td>
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<tr>
<td>Others</td>
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</tbody>
</table>

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
Children’s Health Alliance of Wisconsin

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; ≥ 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

Follow-up:
- Next visit:

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

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