Asthma Flow Sheet

Ages birth to 4 years

Patient name: _____ **Identification number:** _____

Date of birth: _____ **Current date:** _____

Chart ID: _____

Presenting issues

Is the patient having an exacerbation? ☐ Yes ☐ No
Has the patient had a recent trigger exposure? ☐ Yes ☐ No

Physical exam

Chest/respiratory

☐ Lungs clear to auscultation ☐ Prolonged expiration ☐ Nasal flaring
☐ Shallow breath sounds (describe): _____
☐ Wheeze (describe): _____
☐ Retractions (describe): _____
☐ Other sounds (describe): _____

Eye-ear-nose-throat _____

Skin _____

Vital signs and lung function tests

Height:		**Blood pressure:**	/
Weight:		**Pulse:**	
Temp:		**Pulse oximetry:**	%
Resp. rate:		**Post treatment:**	%

Treatment at visit

Xopenex/levalbuterol neb: ☐ 0.63mg ☐ 1.25mg/3ml ☐ Flu shot
Albuterol neb: ☐ 2.5mg/3ml
☐ Other: _____ # of treatments _____
☐ Prelone given; dose: _____

Referred to:
☐ Allergist ☐ Pulmonologist

Current symptoms

☐ No symptoms
☐ Wheeze ☐ Cough
☐ Sputum ☐ Chest tight/dyspnea
☐ Shortness of breath (SOB)
☐ Other: _____

Recent daytime symptoms

☐ 0 days/week
☐ 1–2 days/week
☐ 3–6 days/week
☐ Every day
☐ Continual (multiple symptoms/day)

Asthma action plan

☐ Reviewed with patient
☐ Provided and/or updated
☐ Copy for daycare or school

Emergency room visits for asthma

(due to asthma, last month)
☐ 0 ☐ 1 ☐ 2
☐ 3 ☐ 4 ☐ Greater than 4
Hospitalizations in last year: _____

Missed school/work

(due to asthma, last 2 weeks)
☐ None ☐ 5–6 days
☐ 1–2 days ☐ 7–8 days
☐ 3–4 days ☐ 9–10 days

Recent nighttime symptoms

☐ 0x/month ☐ 1–2x/month
☐ 3–4x/month ☐ 5–11x/month (1–2x/week)
☐ Greater than or equal to 12x/month (greater than 3x/week)

B_2-agonist use

☐ None ☐ 1–2 days/week
☐ 3–6 days/week
☐ 7 days/week
☐ Greater than 2x every day
Avg. # puffs/day _____

Triggers

☐ Mold ☐ Dust
☐ Cat ☐ Dog
☐ Cigarette smoker
☐ Cockroach
☐ Other: _____

Impact on activity

☐ No effect on any activity
☐ May affect physical activity
☐ Activity often affected
☐ Limited physical activity
Describe: _____

Home peak flow rates

Personal best: _____ ☐ N/A
☐ Green zone _____ to _____
☐ Yellow zone _____ to _____
☐ Red zone _____ to _____

Co-morbidities

☐ Allergies ☐ Eczema ☐ Hypertension
☐ GERD ☐ Depression ☐ None
☐ Anxiety ☐ Sinusitis ☐ Other

Education

Self-management strategies and return demonstration where appropriate.

☐ Medication
- Controller
- Rescue

☐ Medication administration
☐ Peak flow meter use (if applicable)
☐ Set and review treatment goals
☐ Avoiding triggers
☐ Exercise

Medication compliance

Missed or stopped taking medications? ☐ Yes ☐ No If yes, why? _____
Any side effects?
☐ Nervousness ☐ Shakiness ☐ Sore throat
☐ Bad taste ☐ Cough ☐ Bruising
Any barriers to getting the ordered medications? _____

Today's control rating

Symptoms (SOB, coughing, wheezing)	Nighttime awakening	Interference with normal activity	Short-acting beta$_2$-agonist use for symptoms	Exacerbation requiring oral systemic corticosteroids	Control rating
☐ Throughout the day	☐ Greater than 1x/week	☐ Extremely limited	☐ Several times per day	☐ Greater than 3/year	☐ Very poorly controlled
☐ Greater than 2 days/week	☐ Greater than 1x/month	☐ Some limitation	☐ Greater than 2 days/week	☐ 2–3/year	☐ Not well-controlled
☐ Less than or equal to 2 days/week	☐ Less than or equal to 1x/month	☐ None	☐ Less than or equal to 2 days/week	☐ 0–1/year	☐ Well-controlled

Follow-up

☐ 2 weeks ☐ 4 weeks ☐ 2 months ☐ 3 months ☐ 4 months ☐ 6 months

Medications prescribed

Key: GERD, gastroesophageal reflux disease

UHC1824c_20120321 100-4220 6/12

UnitedHealthcare®

Recommended action for treatment

See chart below for treatment steps.

- Maintain current treatment
- Regular follow-ups every one to six months
- Consider step-down if well-controlled for at least three months

- Step-up (one step) and reevaluate in two to six weeks
- If no clear benefit in four to six weeks, consider alternative diagnosis or adjusting the therapy
- For side effects, consider alternative treatment options
- Consider short course of oral systemic corticosteroids

- Step-up (one to two steps) and reevaluate in two weeks
- If no clear benefit in four to six weeks, consider alternative diagnosis or adjusting the therapy
- For side effects, consider alternative treatment options

Key: EIB, exercise-induced bronchospasm; GERD, gastroesophageal reflux disease

Notes

- The stepwise approach is meant to assist, not replace, the clinical decision-making required to meet individual patient needs.
- The level of control is based on the most severe impairment or risk category. Assess impairment domain by caregiver's recall of previous two to four weeks. Symptom assessment for longer periods should reflect a global assessment, such as inquiring whether the patient's asthma is better or worse since the last visit.
- At present, there is inadequate data to correspond frequencies of exacerbations with different levels of asthma control. In general, more frequent and intense exacerbations (e.g., requiring urgent, unscheduled care, hospitalization, or intensive care unit admission) indicate poor disease control. For treatment purposes, patients who had two or more exacerbations requiring oral systemic corticosteroids in the past year may be considered the same as patients who have not-well-controlled asthma, even in the absence of impairment levels consistent with not-well-controlled asthma.
- Before step-up in therapy:
  - Review adherence to medications, inhaler technique and environmental control.
  - If alternative treatment option was used in a step, discontinue it and use preferred treatment for that step.

Stepwise approach for managing asthma in children ages birth to 4 years

Intermittent asthma	Persistent asthma: daily medication Consult with asthma specialist if Step 3 care or higher is required. Consider consultation at Step 2.						
Step 1 **Preferred:** SABA pro re nata	**Step 2** **Preferred:** Low-dose ICS **Alternative:** Cromolyn or montelukast	**Step 3** **Preferred:** Medium-dose ICS	**Step 4** **Preferred:** Medium-dose ICS + either LABA or montelukast	**Step 5** **Preferred:** High-dose ICS + either LABA or montelukast	**Step 6** **Preferred:** High-dose ICS + either LABA or montelukast Oral systemic corticosteroids	**Step up if needed** First, check adherence, inhaler technique and environmental control **Assess control** **Step down if possible** If asthma is well controlled for at least three months	

Key: Alphabetical order is used when more than one treatment option is listed within either preferred or alternative therapy. ICS, inhaled corticosteroid; LABA, inhaled long-acting beta$_2$-agonist; SABA, inhaled short-acting beta$_2$-agonist

Patient education and environmental control at each step

Quick-relief medication for all patients

- SABA as needed for symptoms. Intensity of treatment depends on severity of symptoms.
- With viral respiratory infection: SABA every four to six hours up to 24 hours (longer with physician consult). Consider short course of oral systemic corticosteroids if exacerbation is severe or patient has history of previous severe exacerbations.
- Caution: Frequent use of SABA may indicate the need to step up treatment. See text for recommendations on initiating daily long-term-control therapy.

Notes

- The stepwise approach is meant to assist, not replace, the clinical decision-making required to meet individual patient needs.
- If alternative treatment is used and response is inadequate, discontinue it and use the preferred treatment before stepping up.
- If clear benefit is not observed within four to six weeks and patient/family medication technique and adherence are satisfactory, consider adjusting therapy or alternative diagnosis.
- Studies on children ages birth to 4 are limited. Step 2 preferred therapy is based on Evidence A. All other recommendations are based on expert opinion and extrapolation from studies in older children.

Source: www.nhlbi.nih.gov/guidelines/asthma/