

Name: _____ D.O.B.: / / _____ Dx Date: _____

Triggers:	<input type="checkbox"/> Smoke Exp.	<input type="checkbox"/> Mold	<input type="checkbox"/> Dust/Mites	<input type="checkbox"/> Kerosene heater
	<input type="checkbox"/> Uri/Flu	<input type="checkbox"/> Exercise	<input type="checkbox"/> Grass/Trees	<input type="checkbox"/> Dander
	<input type="checkbox"/> Cockroaches			
Comorb.:	<input type="checkbox"/> Smoking	<input type="checkbox"/> Allergies	<input type="checkbox"/> Obesity	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Smoke Exp.	<input type="checkbox"/> COPD	<input type="checkbox"/> ADHD	

ASTHMA MEDS

SETTINGS: Home School Caretaker Sports/Activity

Name: _____

Contact Info: _____

ASTHMA VISIT FLOW SHEET

STAFF	Date:				
	Age:				
	Weight:				
	Height:				
	BP:				
	Adult w/ Pt:				
	Is patient using?	PFM/Spacer/Neb	PFM/Spacer/Neb	PFM/Spacer/Neb	PFM/Spacer/Neb
	Today's PF:				
	Best PF:				
	Sx past 2 wks:				
Pertinent HX:					
See Also					
PX	General:				
	Skin:				
	HEENT:				
	Lungs:				
	Heart:				
	Other:				
Spirometry Y/N					
Assessment					
Severity*	mi/mp/mod/sev	mi/mp/mod/sev	mi/mp/mod/sev	mi/mp/mod/sev	mi/mp/mod/sev
Comorbidities					
Plan Review:					
Pt. Education					
RX given:					
Supplies:					
Shots/Flu:					
Follow-up:					
Provider:					

*Severity: mi = mild intermittent; mp = mild persistent; mod = moderate persistent; sev = severe persistent (over)

Classification	Day:	Night:	FEV ₁ /PEF
	cough, wheezing, SOB or chest tightness?	cough, wheezing, SOB or chest tightness?	
Severe Persistent	Every day, all the time	Frequently/ Every night	≤ 60% predicted
Moderate Persistent	Every day, but not all the time	More than once a week	60 to < 80% predicted
Mild Persistent	More than two times a week, but not daily	Once a week	≥ 80% predicted
Mild Intermittent	Twice a week or less	Less than once a week	≥ 80% predicted

Normal Children and Adolescents ³

Height (inches)	Male & Female	Height (inches)	Male & Female	Height (inches)	Male & Female
43	147	51	254	59	360
44	160	52	267	60	373
45	173	53	280	61	387
46	187	54	293	62	400
47	200	55	307	63	413
48	214	56	320	64	427
49	227	57	334	65	440
50	240	58	347	66	454

³ Polger G, Promadhat V. *Pulmonary Function Testing in Children: Techniques and Standards*. Philadelphia, W. B. Saunders Company, 1971.

Predicted Average Peak Expiratory Flow
(liters per minute)

Normal Men*

Age (Years)	Height				
	60"	65"	70"	75"	80"
20	554	602	649	693	740
25	543	590	636	679	725
30	532	577	622	664	710
35	521	565	609	651	695
40	509	552	596	636	680
45	498	540	583	622	665
50	486	527	569	607	649
55	475	515	556	593	634
60	463	502	542	578	618
65	452	490	529	564	603
70	440	477	515	550	587

Normal Women*

Age (Years)	Height				
	55"	60"	65"	70"	75"
20	390	423	460	496	529
25	385	418	454	490	523
30	380	413	448	483	516
35	375	408	442	476	509
40	370	402	436	470	502
45	365	397	430	464	495
50	360	391	424	457	488
55	355	386	418	451	482
60	350	380	412	445	475
65	345	375	406	439	468
70	340	369	400	432	461

*Lerner GC, et al. Expiratory peak flow rate. *Am Rev Respir Dis*. 88:664, 1963.