

PROTOCOL: Asthma _____ AUDITOR: _____

PROVIDER: _____ DATE: _____

REVIEWER: _____ DATE: _____

| CLINICAL INDICATOR | PERFORMANCE | AUDITOR COMMENTS | REVIEWER COMMENTS |
|--|-------------|------------------|-------------------|
| 1. Initial history and PE | | | |
| 2. Documentation of symptom free days at last visit | | | |
| 3. Documentation of ER visits at last visit | | | |
| 4. Documentation of self-management goal in last year | | | |
| 5. Documentation of tobacco exposure (current/past) | | | |
| 6. Documentation of ICS prescribed for persistent dx | | | |
| 7. Documentation of AAP | | | |
| 8. PEFR (personal best) or spirometry documented (if over age 5) | | | |
| 9. Documentation of annual influenza immunization or declination | | | |
| 10. Documentation of assessment of triggers | | | |

Performance Key:

In Compliance:

P= performed

R= refused

X= allergies or contraindication

N/A= not applicable

C= consult/referral for service

FOLLOW UP PLAN: _____

Out of Compliance:

O= absent from documentation, not performed

SCORE: _____

PROVIDER COMMENTS: _____