Pediatric ASTHMA

Audit Date_____ # Charts Audited_____

Chart number										
Sex/ Age										
Basic demographics noted?										
Patient ID on all pages?										
SOAP format utilized?										
Legible?										
Entries dated?										
Entries signed?										
Patient history on chart?										
Patient history signed by Provider?										
Problem list current?										
Medication list current?										
Allergies documented?										
Reason for visit listed?										
Vital signs charted?										
Test ordered returned?										
Monitored every 3-6 months?										
Self Management goals set?										
Referred to Dental?(18 months& up)										
Immunizations current?										
Smoking assessment?										
Referred to smoking cessation?										
Peak flow meter given?										
Asthma education documented?										
Asthma action plan/ tx plan current?										
Flu vaccine annual?										
Referred to Optometry?										
Updated in PECS?										