Asthma Flow Sheet

Name: _____ D.O.B.: _____

Drug Allergies: _____ Resp.: _____ Pulse: _____ Temp: _____ BP: _____

Risk Factors: ❑ Tobacco exposure ❑ Pet ❑ Dust Mites ❑ Other allergy

		1	2	3	4
Date					
Peak Flow today					
Best Peak Flow at home ❑ None					
History since last visit					
Days missed (work or school)					
Days decreased activity					
ER/urgent care/hospital					
Assessment Asthma Severity*					
I: Intermittent					
Mild P: Mild persistent					
Mod P: Moderate persistent					
SP: Severe persistent					
Spirometry, FEV1, FEV1/FVC					
Asthma Medications					
Medication change today?					
List Medication Below	*List Dose Below*				
Quick-Relief How often needed?					
1.					
2.					
Long-Term Control					
1.					
2.					
Medication Adherence Poor, Fair, Adequate					
Asthma Education					
Explanation of asthma					
Peak Flow Meter and Inhaler use *(explanation, demo)*					
Asthma Action Plan / Update		❑	❑	❑	❑
Triggers					
Medications					
Referrals					
❑ Allergist ❑ Pulmonologist					
❑ Visiting Nurse ❑ Other					
Follow-Up					
❑ 2 weeks ❑ 4 weeks ❑ 2 months					
❑ 3 months ❑ 6 months ❑ other					
Signature					

*

I: Intermittent	*Symptoms < 2 days/week or < 2 nights/month*
Mild P: Mild persistent	*Symptoms > 2 days/week but not daily. Night time 3-4 times/mo.*
Mod P: Moderate persistent	*Symptoms Daily. > 1 night/week but not nightly.*
SP: Severe persistent	*Symptoms throughout the day and nightly.*