ASTHMA MANAGEMENT FLOW SHEET

Patient name: _____

Environmental triggers: _____

Date of last PPSV shot: _____ Date of last flu shot: _____

Date of visit				
Asthma severity mild intermittent = 1 mild persistent = 2 moderate persistent = 3 severe persistent = 4	# _____	# _____	# _____	# _____
Visit type (circle one)	Acute / Maintenance	Acute / Maintenance	Acute / Maintenance	Acute / Maintenance
ED visits since last appointment?	☐ Yes ☐ No # _____	☐ Yes ☐ No # _____	☐ Yes ☐ No # _____	☐ Yes ☐ No # _____
Hospitalizations since last appointment?	☐ Yes ☐ No # _____	☐ Yes ☐ No # _____	☐ Yes ☐ No # _____	☐ Yes ☐ No # _____
Peak flow	Personal best: _____ Today: _____	Personal best: _____ Today: _____	Personal best: _____ Today: _____	Personal best: _____ Today: _____

Medication changes: _____

Teaching				
General asthma info	☐	☐	☐	☐
Inhaler use	☐	☐	☐	☐
Environment/triggers	☐	☐	☐	☐
Peak flow use	☐	☐	☐	☐
Spacer use	☐	☐	☐	☐
Reviewed asthma action plan	☐	☐	☐	☐
Other	☐	☐	☐	☐
Planned follow-up (months)				

Comments: _____

_____

Nurse signature				
Provider signature				

Asthma severity

Severity	Daytime symptoms	Nighttime symptoms	Lung function Peak expiratory flow rate (PEF) or forced expiratory volume (FEV1) (PEF is % of personal best; FEV1 is % predicted)	Long-term control - patients older than 5 years (See below for drugs and dosages; preferred treatment in bold.)	Long-term control - children 5 years or younger (See below for drugs and dosages; preferred treatment in bold.)
Mild intermittent	≤ 2 days/week Exacerbations are brief with varying intensity.	≤ 2 nights/month	≥ 80% predicted PEF variability < 20%	**No daily controller medication indicated. Monitor frequency of use of relief medications.***	**No daily controller medication indicated. Monitor frequency of use of relief medications.***
Mild persistent	> 2 times/week but < 1 time/day Exacerbations may affect activity.	> 2 nights/month	≥ 80% predicted PEF variability 20%-30%	**Low-dose inhaled corticosteroids** Alternative treatment: cromolyn, leukotriene receptor antagonist (LTRA), nedocromil OR sustained release theophylline to serum concentration 5-15 mcg/mL	**Low-dose inhaled corticosteroids** Alternative treatment: cromolyn OR LTRA
Moderate persistent	Daily use of inhaled short-acting beta-agonist. Exacerbations occur ≥ 2 times/ week and affect activity.	> 1 night/week	61%-80% predicted PEF variability > 30%	**Low- to medium-dose inhaled corticosteroids AND long-acting beta-agonist (LABA)** Alternative treatment: Increase inhaled steroids within medium-dose range OR low- to medium-dose inhaled corticosteroids and either LTRA or theophylline	**Low-dose inhaled corticosteroids AND LABA OR medium-dose inhaled corticosteroids** Alternative treatment: Low-dose inhaled corticosteroids and either LTRA or theophylline
Severe persistent	Continual Exacerbations are frequent and limit physical activity.	Frequent	≤ 60% predicted PEF variability > 30%	**High-dose inhaled corticosteroids AND LABA** AND, if needed, corticosteroid tablets or syrup 2 mg/kg/day; generally do not exceed 60 mg/day	**High-dose inhaled corticosteroids AND LABA** AND, if needed, corticosteroid tablets or syrup 2 mg/kg/day; generally do not exceed 60 mg/day

Long-term therapy

Drug	Low daily dose		Medium daily dose		High daily dose	
	Adult	**Child**	**Adult**	**Child**	**Adult**	**Child**
Fluticasone MDI: 44, 110 or 220 mcg/puff	88-264 mcg	88-176 mcg	264-660 mcg	176-440 mcg	> 660 mcg	> 440 mcg
Budesonide DPI: 200 mcg/inhalation	200-600 mcg	200-400 mcg	600-1200 mcg	400-800 mcg	> 1200 mcg	> 800 mcg
Fluticasone/ salmeterol DPI: 100, 250, 500 mcg/50 mcg	100-300 mcg (fluticasone)	100-200 mcg (fluticasone)	300-600 mcg (fluticasone)	200-400 mcg (fluticasone)	> 600 mcg (fluticasone)	> 400 mcg (fluticasone)

Relative strengths: fluticasone > budesonide = beclomethasone > flunisolide = triamcinolone

Systemic bioavailability (contributes to side effects): 20% - triamcinolone, flunisolide and beclomethasone; 11% - budesonide; and 1% - fluticasone

Quick relief (patients older than 5 years): short-acting bronchodilator, 2-4 puffs as needed for symptoms; up to 3 treatments at a 20-minute interval, or a single nebulizer treatment as needed.

Quick relief (children 5 years or younger): short-acting inhaled beta-agonist by nebulizer or face mask and spacer/holding chamber; alternative treatment: oral beta-agonist.

*Use of short-acting beta-agonists > 2 times a week in intermittent asthma (or daily or increasing use in persistent asthma) may indicate a need for long-term therapy.