

Asthma Care Map for Primary Care Initial Assessment

Date

Referral to Asthma Educator Y N

Reason for referral (if applicable)

Patient's Name

Date of Birth

Medical Record #

Asthma Diagnosis

Objectively confirmed asthma → indicate method below:

Date confirmed

Pulmonary Function Measurement	Children (6 years of age and over)	Adults
PREFERRED: Spirometry showing reversible airway obstruction		
Reduced FEV ₁ /FVC	Less than lower limit of normal* (<0.8-0.9)**	Less than lower limit of normal* (<0.75-0.8)**
<input type="checkbox"/> AND	AND	AND
Increase in FEV ₁ after a bronchodilator or after course of controller therapy	≥12%	≥12% (and a minimum ≥200ml)
ALTERNATIVE: Peak Expiratory Flow (PEF) variability		
Increase after a bronchodilator or after course of controller therapy	≥20%	60 L/min (minimum ≥20%)
<input type="checkbox"/> OR	OR	OR
Diurnal variation†	Not recommended	>8% based upon twice daily readings; >20% based upon multiple daily readings
ALTERNATIVE: Positive Challenge Test		
<input type="checkbox"/> a) Methacholine Challenge	PC ₂₀ <4 mg/mL (4-16 mg/mL is borderline; >16 mg/mL is negative)	
OR	OR	
b) Exercise Challenge	≥10-15% decrease in FEV ₁ post-exercise	

* Based on age, sex, height and ethnicity.

** Approximate lower limits of normal ratios for children and adults.

This information was originally published in *Can Respir J* 2012;19(2):127-164.

Asthma diagnosis for children (below 6 years of age)
Confirmed asthma based on typical symptoms, lack of an alternative diagnosis:

- and immediate response to bronchodilator confirmed by health care professional;
- and immediate response to bronchodilator by parental history;
- and gradual but clear response to anti-inflammatory therapy.

This information was originally published in *CMAJ*. 2010 Mar 9;182(4):E172-83.

Suspected (suggestive symptoms but not yet confirmed by spirometry and/or clinical response to therapy)

History of Exacerbations

N/A

Prednisone use ever

ED visits ever

Hospitalized ever

Near fatal episode (Coma / Intubated / ICU / ↑CO₂)

Notes (include dates)

Family History of Asthma / Allergies

N/A

Indicate parents, siblings, close relatives with:

Asthma

Eczema

Environmental allergies

Food allergies

Notes

Smoking History

Never smoked

Second hand smoke exposure (past or present / significant)

Prenatal smoke exposure

Ex-smoker

Age started Age quit

Smoker Ask Advise Arrange

Pack years

Cigarettes/day x Years smoked ÷ 20 =

Fagerström Test for Nicotine Dependence

Score

Notes

<http://knowledgegex.camh.net/Pages/default.aspx>

Respiratory Medication History

N/A

Drug name / Dose	Number of puffs	Prescribed frequency	Actual usage
Reliever			
Controller (ICS) or ICS & LABA Combo			
Long acting bronchodilator (LABA)			
Reliever / Controller			
Leukotriene receptor antagonist			
Prednisone			
Anti-IgE			

Number of ICS prescriptions filled in the last 12 months

Notes / Other medications

Check for:

- Beta-blocker ⇒ may exacerbate asthma
- NSAIDS / ASA (non-steroidal anti-inflammatory) ⇒ potential trigger
- Medic Alert bracelet
- Epinephrine auto injector
- Has drug plan

Signature Professional designation 01 - Jan - 2001

The content of this care map is based on current available evidence and has been reviewed by medical experts. It is provided for information purposes only. It is not intended to be a substitute for sound clinical judgment. © Ontario Lung Association, November 2012.

Patient's Name

Medical Record #

Allergy History & Triggers N/A

Skin prick test Y N When?

Season(s) when asthma worse

	Allergic To	Asthma Trigger	Currently Exposed	Notes and other allergies (food, medication, etc.)
Cats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dogs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dust / Dust mites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mould	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pollens / Trees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Grasses / Ragweed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cockroaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Work-Related Triggers N/A

Occupation

Occupation work exposures

- Relation between asthma symptoms and occupation
- None
 - Started at work
 - Started within days of an accidental spill or fire
 - Worse at work
 - Symptoms lessen on days off or holidays

Irritant Triggers N/A

- Changes in weather
 - Cold air
 - Outdoor pollution
 - Colds / Chest infections
 - Exercise
 - Emotions
 - Stress
 - Fumes / Chemicals
 - Perfumes / Air fresheners
 - Second hand smoke
 - Smoke (fireplace/wood stove)
 - School related exposure
- Notes / Other

Environmental Controls N/A

	In Place	Suggested	Notes
Air conditioning	<input type="checkbox"/>	<input type="checkbox"/>	
Maintain relative humidity (< 50%)	<input type="checkbox"/>	<input type="checkbox"/>	
Regular furnace filter change	<input type="checkbox"/>	<input type="checkbox"/>	
Vacuum: Central or HEPA filter	<input type="checkbox"/>	<input type="checkbox"/>	
Mattress / Pillow covers	<input type="checkbox"/>	<input type="checkbox"/>	
Wash linens weekly (≥ 55°C water)	<input type="checkbox"/>	<input type="checkbox"/>	
No pets in the home	<input type="checkbox"/>	<input type="checkbox"/>	
Hardwood / Tile floors	<input type="checkbox"/>	<input type="checkbox"/>	
Mask / Respirator (as needed)	<input type="checkbox"/>	<input type="checkbox"/>	
Other <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Relevant Co-Morbidities N/A

- Sinusitis
 - Rhinitis
 - GERD
 - Obesity
 - Anaphylaxis
 - Conjunctivitis
 - Eczema
 - Depression / Anxiety
 - Nasal Polyps
- Notes

Special Considerations N/A

- Adherence
 - Cultural issues
 - Financial issues
 - Lack of support
 - Language
 - Nutritional assessment
 - Pregnancy
 - Premenstrual period
- Notes

Additional History / Proposed Actions N/A

Include follow-up details here

Referral(s): Past and Present N/A

- CAE / CRE
 - Respiriologist
 - Pediatrician
 - Allergist
- Other
- Notes

Signature

Professional designation

01 - Jan - 2001

The content of this care map is based on current available evidence and has been reviewed by medical experts. It is provided for information purposes only. It is not intended to be a substitute for sound clinical judgment. © Ontario Lung Association, November 2012.

Asthma Care Map for Primary Care Flowsheet

Patient's Name

FAMILY-NAME, Given Name

Medical Record #

		Initial Visit			01 - Jan - 2001			Follow-up Visit			01 - Jan - 2001			Follow-up Visit			01 - Jan - 2001																																																																																																																						
		Yes	No	Notes	Yes	No	Notes	Yes	No	Notes	Yes	No	Notes	Yes	No	Notes	Yes	No	Notes																																																																																																																				
Unplanned patient encounter?		<input type="checkbox"/> Y	<input type="checkbox"/> N		<input type="checkbox"/> Y	<input type="checkbox"/> N		<input type="checkbox"/> Y	<input type="checkbox"/> N		<input type="checkbox"/> Y	<input type="checkbox"/> N		<input type="checkbox"/> Y	<input type="checkbox"/> N		<input type="checkbox"/> Y	<input type="checkbox"/> N																																																																																																																					
Uncontrolled if:																																																																																																																																							
Daytime symptoms \geq 4 days/week (short of breath, cough, wheeze, tight chest) on average in the last 4 weeks		<input type="checkbox"/> Y	<input type="checkbox"/> N	# of Days	<input type="checkbox"/> Y	<input type="checkbox"/> N	# of Days	<input type="checkbox"/> Y	<input type="checkbox"/> N	# of Days	<input type="checkbox"/> Y	<input type="checkbox"/> N	# of Days	<input type="checkbox"/> Y	<input type="checkbox"/> N	# of Days	<input type="checkbox"/> Y	<input type="checkbox"/> N	# of Days																																																																																																																				
Night-time symptoms \geq 1/week on average in the last 4 weeks		<input type="checkbox"/> Y	<input type="checkbox"/> N	# of Nights	<input type="checkbox"/> Y	<input type="checkbox"/> N	# of Nights	<input type="checkbox"/> Y	<input type="checkbox"/> N	# of Nights	<input type="checkbox"/> Y	<input type="checkbox"/> N	# of Nights	<input type="checkbox"/> Y	<input type="checkbox"/> N	# of Nights	<input type="checkbox"/> Y	<input type="checkbox"/> N	# of Nights																																																																																																																				
Physical activity limited due to asthma on average in the last 4 weeks		<input type="checkbox"/> Y	<input type="checkbox"/> N	Frequency per week	<input type="checkbox"/> Y	<input type="checkbox"/> N	Frequency per week	<input type="checkbox"/> Y	<input type="checkbox"/> N	Frequency per week	<input type="checkbox"/> Y	<input type="checkbox"/> N	Frequency per week	<input type="checkbox"/> Y	<input type="checkbox"/> N	Frequency per week	<input type="checkbox"/> Y	<input type="checkbox"/> N	Frequency per week																																																																																																																				
Exacerbations within the last 12 months		<input type="checkbox"/> Y	<input type="checkbox"/> N	# ED visit # Walk-in Clinic / Urgent Care # Hospitalized	<input type="checkbox"/> Y	<input type="checkbox"/> N	# ED visit # Walk-in Clinic / Urgent Care # Hospitalized	<input type="checkbox"/> Y	<input type="checkbox"/> N	# ED visit # Walk-in Clinic / Urgent Care # Hospitalized	<input type="checkbox"/> Y	<input type="checkbox"/> N	# ED visit # Walk-in Clinic / Urgent Care # Hospitalized	<input type="checkbox"/> Y	<input type="checkbox"/> N	# ED visit # Walk-in Clinic / Urgent Care # Hospitalized	<input type="checkbox"/> Y	<input type="checkbox"/> N	# ED visit # Walk-in Clinic / Urgent Care # Hospitalized																																																																																																																				
School / work / social absence due to asthma within the last 12 months		<input type="checkbox"/> Y	<input type="checkbox"/> N	# of Days	<input type="checkbox"/> Y	<input type="checkbox"/> N	# of Days	<input type="checkbox"/> Y	<input type="checkbox"/> N	# of Days	<input type="checkbox"/> Y	<input type="checkbox"/> N	# of Days	<input type="checkbox"/> Y	<input type="checkbox"/> N	# of Days	<input type="checkbox"/> Y	<input type="checkbox"/> N	# of Days																																																																																																																				
Needs reliever \geq 4 doses/week (incl. pre-exercise) on average in the last 4 weeks		<input type="checkbox"/> Y	<input type="checkbox"/> N	# of Doses	<input type="checkbox"/> Y	<input type="checkbox"/> N	# of Doses	<input type="checkbox"/> Y	<input type="checkbox"/> N	# of Doses	<input type="checkbox"/> Y	<input type="checkbox"/> N	# of Doses	<input type="checkbox"/> Y	<input type="checkbox"/> N	# of Doses	<input type="checkbox"/> Y	<input type="checkbox"/> N	# of Doses																																																																																																																				
FEV1 or PEFR (< 90% personal best)		<input type="checkbox"/> Y	<input type="checkbox"/> N	Notes	<input type="checkbox"/> Y	<input type="checkbox"/> N	Notes	<input type="checkbox"/> Y	<input type="checkbox"/> N	Notes	<input type="checkbox"/> Y	<input type="checkbox"/> N	Notes	<input type="checkbox"/> Y	<input type="checkbox"/> N	Notes	<input type="checkbox"/> Y	<input type="checkbox"/> N	Notes																																																																																																																				
PEF diurnal variation (> 15%) over a 2 week period		<input type="checkbox"/> Y	<input type="checkbox"/> N	Notes	<input type="checkbox"/> Y	<input type="checkbox"/> N	Notes	<input type="checkbox"/> Y	<input type="checkbox"/> N	Notes	<input type="checkbox"/> Y	<input type="checkbox"/> N	Notes	<input type="checkbox"/> Y	<input type="checkbox"/> N	Notes	<input type="checkbox"/> Y	<input type="checkbox"/> N	Notes																																																																																																																				
Pre / post bronchodilator spirometry or peak flow results		<table border="1"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Pre</th> <th colspan="2">Post</th> <th rowspan="2">LLN</th> <th rowspan="2"></th> <th colspan="2">Pre</th> <th colspan="2">Post</th> <th rowspan="2">LLN</th> <th rowspan="2"></th> <th colspan="2">Pre</th> <th colspan="2">Post</th> <th rowspan="2">LLN</th> <th rowspan="2"></th> </tr> <tr> <th>Actual</th> <th>% Pred.</th> <th>Actual</th> <th>% Pred.</th> <th>Actual</th> <th>% Pred.</th> <th>Actual</th> <th>% Pred.</th> <th>Actual</th> <th>% Pred.</th> <th>Actual</th> <th>% Pred.</th> <th>Actual</th> <th>% Pred.</th> </tr> </thead> <tbody> <tr> <td>FEV₁</td> <td></td><td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>FVC</td> <td></td><td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>FEV₁/FVC</td> <td></td><td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>PEF</td> <td></td><td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table>																		Pre		Post		LLN		Pre		Post		LLN		Pre		Post		LLN		Actual	% Pred.	Actual	% Pred.	Actual	% Pred.	Actual	% Pred.	Actual	% Pred.	Actual	% Pred.	Actual	% Pred.	FEV ₁																					FVC																					FEV ₁ /FVC																					PEF																				
	Pre		Post		LLN		Pre		Post		LLN		Pre		Post		LLN																																																																																																																						
	Actual	% Pred.	Actual	% Pred.			Actual	% Pred.	Actual	% Pred.			Actual	% Pred.	Actual	% Pred.			Actual	% Pred.																																																																																																																			
FEV ₁																																																																																																																																							
FVC																																																																																																																																							
FEV ₁ /FVC																																																																																																																																							
PEF																																																																																																																																							
Action plan provided		<input type="checkbox"/> Written <input type="checkbox"/> Revised <input type="checkbox"/> Reviewed			<input type="checkbox"/> Written <input type="checkbox"/> Revised <input type="checkbox"/> Reviewed			<input type="checkbox"/> Written <input type="checkbox"/> Revised <input type="checkbox"/> Reviewed			<input type="checkbox"/> Written <input type="checkbox"/> Revised <input type="checkbox"/> Reviewed			<input type="checkbox"/> Written <input type="checkbox"/> Revised <input type="checkbox"/> Reviewed			<input type="checkbox"/> Written <input type="checkbox"/> Revised <input type="checkbox"/> Reviewed																																																																																																																						
Medications		Green zone																																																																																																																																					
		Yellow zone																																																																																																																																					
Patient's technique on inhaler device		<input type="checkbox"/> Reviewed <input type="checkbox"/> Corrected <input type="checkbox"/> Optimal			<input type="checkbox"/> Reviewed <input type="checkbox"/> Corrected <input type="checkbox"/> Optimal			<input type="checkbox"/> Reviewed <input type="checkbox"/> Corrected <input type="checkbox"/> Optimal			<input type="checkbox"/> Reviewed <input type="checkbox"/> Corrected <input type="checkbox"/> Optimal			<input type="checkbox"/> Reviewed <input type="checkbox"/> Corrected <input type="checkbox"/> Optimal			<input type="checkbox"/> Reviewed <input type="checkbox"/> Corrected <input type="checkbox"/> Optimal																																																																																																																						
Definition/nature of asthma reviewed with patient		<input type="checkbox"/> Y	<input type="checkbox"/> N		<input type="checkbox"/> Y	<input type="checkbox"/> N		<input type="checkbox"/> Y	<input type="checkbox"/> N		<input type="checkbox"/> Y	<input type="checkbox"/> N		<input type="checkbox"/> Y	<input type="checkbox"/> N		<input type="checkbox"/> Y	<input type="checkbox"/> N																																																																																																																					
Triggers & environmental controls reviewed		<input type="checkbox"/> Y	<input type="checkbox"/> N		<input type="checkbox"/> Y	<input type="checkbox"/> N		<input type="checkbox"/> Y	<input type="checkbox"/> N		<input type="checkbox"/> Y	<input type="checkbox"/> N		<input type="checkbox"/> Y	<input type="checkbox"/> N		<input type="checkbox"/> Y	<input type="checkbox"/> N																																																																																																																					
Other education (e.g. smoking cessation)																																																																																																																																							
Influenza vaccine		<input type="checkbox"/> Y	<input type="checkbox"/> N	Notes	<input type="checkbox"/> Y	<input type="checkbox"/> N	Notes	<input type="checkbox"/> Y	<input type="checkbox"/> N	Notes	<input type="checkbox"/> Y	<input type="checkbox"/> N	Notes	<input type="checkbox"/> Y	<input type="checkbox"/> N	Notes	<input type="checkbox"/> Y	<input type="checkbox"/> N	Notes																																																																																																																				
Height / Weight / BMI (plot results on growth charts for children)		Ht	cm	Wt	kg	BMI	Ht	cm	Wt	kg	BMI	Ht	cm	Wt	kg	BMI	Ht	cm	Wt	kg	BMI																																																																																																																		
Notes																																																																																																																																							
Issues, plans, and follow-up																																																																																																																																							
Signature and designation																																																																																																																																							

The content of this care map is based on current available evidence and has been reviewed by medical experts. It is provided for information purposes only. It is not intended to be a substitute for sound clinical judgment. © Ontario Lung Association, November 2012.

Additional pages

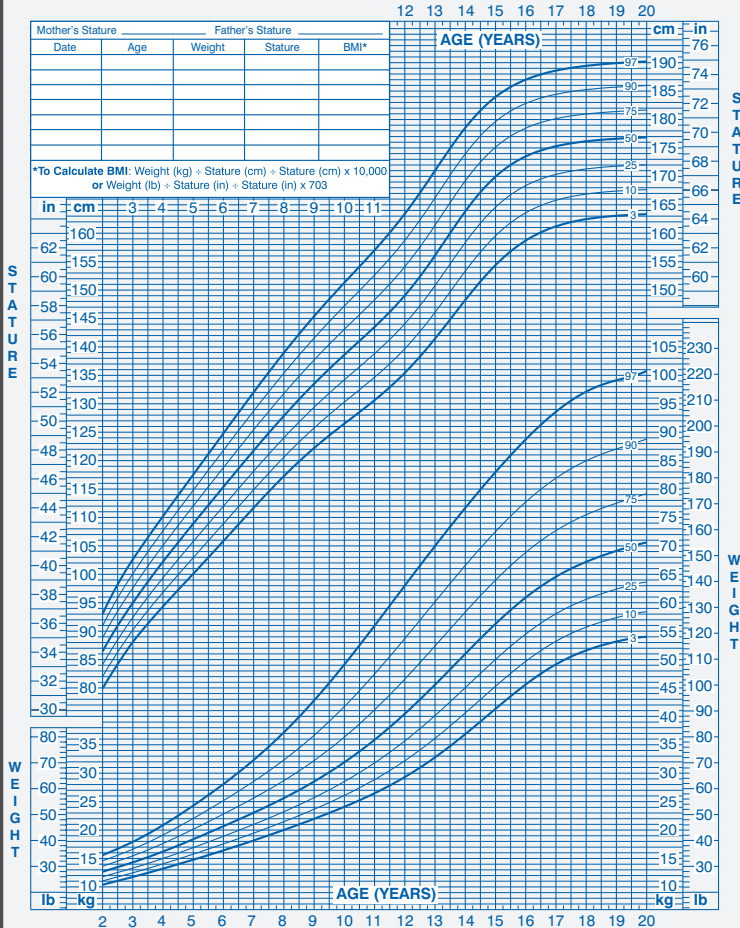
Patient's Name

FAMILY-NAME, Given Name

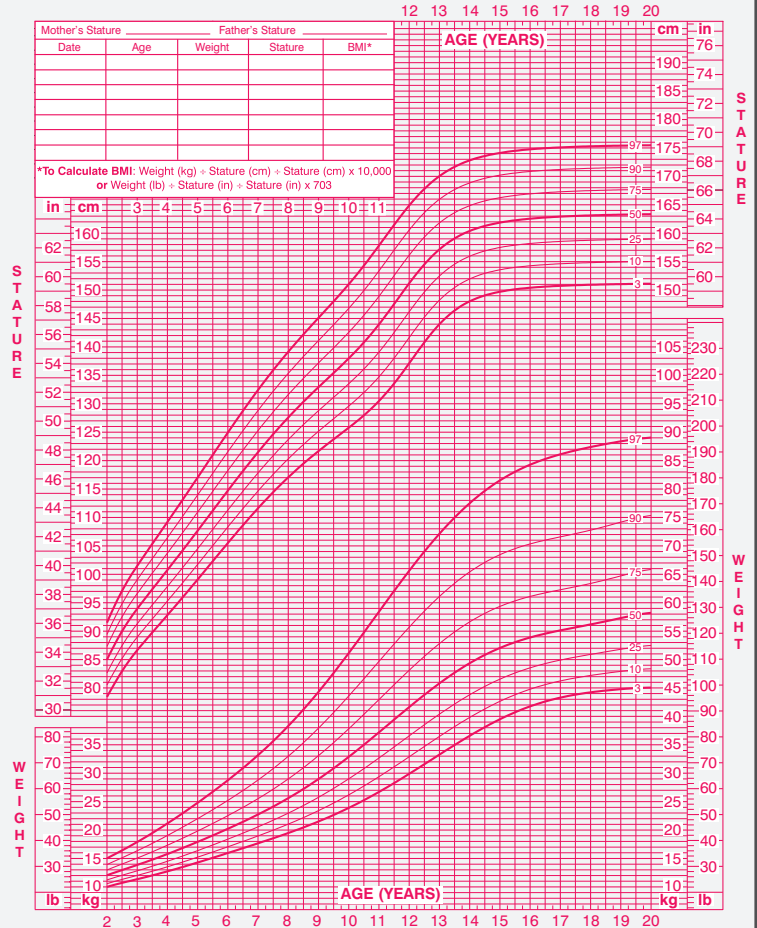
Medical Record #

Stature-for-Age & Weight-for-Age Percentiles

Boys - 2 to 20 years



Girls - 2 to 20 years



Published May 30, 2000 (modified 11/21/00).
 SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).
<http://www.cdc.gov/growthcharts>

Published May 30, 2000 (modified 11/21/00).
 SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).
<http://www.cdc.gov/growthcharts>

Peak Expiratory Flow (PEF) in Normal Adults (L/min)

MALES

Height cm	142	147	152	157	163	168	173	178	183	188	193	198
Inches	56	58	60	62	64	66	68	70	72	74	76	78
MALES												
ADULTS > 16 YEARS OF AGE												
Age	20	25	30	35	40	45	50	55	60	65	70	75
Mean PEF	535	545	554	563	571	579	587	594	601	608	614	621
	560	570	580	589	598	607	615	622	630	637	643	650
	574	584	594	604	613	621	629	637	645	652	659	665
	579	589	599	609	618	626	635	643	650	657	664	671
	577	587	597	607	616	625	633	641	648	655	662	669
	570	581	591	600	609	618	626	633	641	648	655	661
	560	570	580	589	598	606	614	622	629	636	643	649
	547	557	566	575	584	592	600	608	615	621	628	634
	532	541	551	559	568	576	583	591	598	604	611	617
	515	524	533	542	550	558	565	572	579	585	591	597
	497	506	515	523	531	538	545	552	559	565	571	577
	479	478	496	504	511	518	425	532	538	544	550	555

FEMALES

Height cm	142	147	152	157	163	168	173	178	183	188	193	198
Inches	56	58	60	62	64	66	68	70	72	74	76	78
FEMALES												
ADULTS > 16 YEARS OF AGE												
Age	20	25	30	35	40	45	50	55	60	65	70	75
Mean PEF	535	545	554	563	571	579	587	594	601	608	614	621
	560	570	580	589	598	607	615	622	630	637	643	650
	574	584	594	604	613	621	629	637	645	652	659	665
	579	589	599	609	618	626	635	643	650	657	664	671
	577	587	597	607	616	625	633	641	648	655	662	669
	570	581	591	600	609	618	626	633	641	648	655	661
	560	570	580	589	598	606	614	622	629	636	643	649
	547	557	566	575	584	592	600	608	615	621	628	634
	532	541	551	559	568	576	583	591	598	604	611	617
	515	524	533	542	550	558	565	572	579	585	591	597
	497	506	515	523	531	538	545	552	559	565	571	577
	479	478	496	504	511	518	425	532	538	544	550	555

*Adult Normal Range (2 SD) = mean + 80 L/min
 Values calculated from Nunn and Gregg: BMJ 1989; 298: 1068-70 Issues, plans, and follow-up
 The above table is meant to be used only as a guide. Normal standards will vary between racial and ethnic groups.

*Adult Normal Range (2 SD) = mean + 80 L/min
 Values calculated from Nunn and Gregg: BMJ 1989; 298: 1068-70 Issues, plans, and follow-up
 The above table is meant to be used only as a guide. Normal standards will vary between racial and ethnic groups.

Signature

Professional designation

01 - Jan - 2001

The content of this care map is based on current available evidence and has been reviewed by medical experts. It is provided for information purposes only. It is not intended to be a substitute for sound clinical judgment. © Ontario Lung Association, November 2012.