## **Asthma Patient Care Flow Sheet (patients aged ≥ 19 years)**

Diagnosis based on:  ☐ Asthma history alone ☐ Asthma history and clinical exam ☐ Spirometry showing reversible obstruction ☐ Other:	ory alone [ory and clinical exam Fishowing reversible obstruction]		atient's best lung function lateEV <sub>1</sub> (percent predicted)				
Asthma triggers:   Viral infections   Animals	☐Exercise ☐Po	ollen/Trees [	☐Dust Mites	□Other_			
	Date						
ASTHMA CONTROL (each visit)							
Daytime symptoms (# of days/week)							
Need for reliever (# of days/week)							
Nocturnal symptoms (# of nights/week)							
Limitation of activity (Y/N)							
Exacerbations (# since last visit)							
Courses of systemic steroids (# since last visit)							
Hospitalization or emergency room visit (# since last visit)							
EDUCATION							
Review medication compliance (each visit)							
Evaluate inhaler technique (have patient demonstrate) and provide patient resources							
Provide/review/modify written action plan*							
Review purpose of medications							
Review trigger avoidance							
Assess for food allergy and ensure epinephrine autoinjector px is up to date							
Smoking cessation counselling**							
Influenza vaccine (annual)							
Pneumococcal vaccine up to date							
INVESTIGATIONS/ASSESSMENTS							
Lung function (FEV <sub>1</sub> )							
Consider co-morbidities							
Asthma education program referral							
Specialist referral							

<sup>\*</sup>Refer to Associated Document – Asthma Action Plan for Children: aged ≥ 19 years,

<sup>\*\*</sup>Refer to www2.gov.bc.ca/gov/content/health/health-drug-coverage/pharmacare-for-bc-residents/what-we-cover/drug-coverage/bc-smoking-cessation-program