

Asthma Evaluation Visit

Summary of Asthma Care Quick Reference & EPR3, NHLBI



MA

Pre-Visit Planning: Bring medications, spacers, school forms, Environmental Assessment [Form], Asthma Control Test [ACT]

Vitals: Ht, Wgt, RR, Pulse Oximetry

Symptoms (past 12mo, seasonality)	Triggers [Environmental Assessment]
Cough and/or Wheeze	Viral respiratory infections
Shortness of breath	Environmental allergens
Recurrent difficulty breathing	Exposure to tobacco smoke
Chest tightness	Exercise
Sputum production	Changes in weather
Family History	Social History: Barriers to care
Asthma, allergy, rhinitis, eczema, sinusitis, nasal polyp	Social and financial support, travel, safe environment
	Psychosocial limitations of caretakers, patient

PCMH Standing Orders

Spirometry (5yo&up): FEV1, FEV1/FVC. Determine that airway obstruction is at least partially reversible.
Flu vaccine (w/VIS) per annual CDC indications/contraindications.

PROVIDER

Assessment

Assess <i>Impairment</i> (Frequency past 4 weeks) [ACT]	Assess <i>Risk</i> (past year 12mo) [ACT]
Cough or wheeze	Asthma exacerbations requiring oral corticosteroids
Nighttime awakenings	Emergency Dept, Urgent Care, Hospital Admission
SABA use	Intubations
Interference with normal activity	Missed school days
Comorbidities	
GERD, obesity, OSA, rhinitis, stress, depression, allergic bronchopulmonary aspergillosis	
Physical Exam	
Hyperexpansion of thorax	Nasal secretion, mucosal swelling, nasal polyps
Wheezing or prolonged phase of forced exhalation	Atopic dermatitis / eczema
Conjunctival injection, allergic shiners, nasal crease	

Plan

Classify Severity	Quality Metric: MHP26/NQF0036
Classify as <i>Intermittent/Persistent</i> (Mild, Mod, Severe).	Numerator: Dispensed controller medication
Initiate therapy	Denominator: Persistent asthmatics
Medication appropriate to <i>severity</i> [Quick Reference]	Registry Management
Treat Comorbid Conditions	Activate UTD Intermittent or Persistent Dx. Deactivate old DX's to achieve unique registries.
Asthma Action Plan [Form] and Med. administration	
Trigger avoidance [Form]	Follow-Up
Address treatment concerns [Quick Ref]	Gain control: 2-6wks
TEACH BACK: Asthma Action Plan, Med administration	
PCMH Self Care Support: "Ways to Manage Your Asth."	

Asthma Follow-Up Visit

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MA

Pre-Visit Planning: Bring medications, spacers, school forms, Environmental Assessment [Form], Asthma Control Test [ACT]

Vitals: Ht, Wgt, RR, Pulse Oximetry

PCMH Standing Orders	PCMH Self Care Support: SMART Goal Setting
Spirometry (5yo&up): FEV1, FEV1/FVC.	Ways to Manage Your Asthma
Flu vaccine (w/VIS) per CDC indications/contraindications.	

PROVIDER

Assessment

Assess <i>Impairment</i> (Frequency past 4 weeks) [ACT]	Assess <i>Risk</i> (Frequency past year) [ACT]
Cough or wheeze	Asthma exacerbations requiring oral corticosteroids
Nighttime awakenings	Emergency Dept, Urgent Care, Hospital Admission
SABA use	Intubations
Interference with normal activity	Missed school days
ACT Score	Treatment related adverse effects
	Progressive loss of lung function
Physical Exam	
Hyperexpansion of thorax	Increased nasal secretion, mucosal swelling, nasal polyps
Wheezing or prolonged phase of forced exhalation	Atopic dermatitis / eczema
Conjunctival injection, allergic shiners, nasal crease	

Plan

Classify <i>Control</i>	Quality Metric: MHP26/NQF0036
Classify as Intermittent/Persistent (Mild,Mod,Severe)	Numerator: Dispensed controller medication
	Denominator: Persistent asthmatics
Adjust Therapy with Stepwise Approach	Registry Management
Step Up/Down med per level of <i>control</i> [Quick Ref]	Activate UTD Intermittent or Persistent Dx. Deactivate old Dx's to achieve unique registries. Rx med for patients not in Numerator.
Treat Comorbid Conditions	
Asthma Action Plan [Form] and Med administration	
Trigger avoidance [Form]	Follow-Up
Address concerns about treatment [Quick Ref]	Gain control: 2-6wks
TEACH BACK: Asthma Action Plan, Med administration	Monitor control: 1-6mo.
PCMH Self Care Support: "Ways to Manage Your Asth."	Anticipated step down: 3mo
Co-Management Strategy: Refer to Specialist if care needed exceeds PCP capacity. Return to PCP when stable.	
Pulmonology: allergy testing (persistents), unresponsive to treatment, unsure diagnosis, sig. comorbidities	
Allergy: allergy testing (persistents), unresponsive to treatment, unsure diagnosis, sig. comorbidities, immunotx,	
Mission Asthma Disease Mgt Program: significant barriers to care, pharmacy support, environmental remediation	
Care management: significant barriers to care, pharmacy support	