(See DD Form 2005 for Privacy Act Statement)

REACTIVE AIRWAY DISEASE FLOWSHEET

PMHx (to include past hospitalization)	**ALLERGIES & TRIGGERS**	**SOCIAL Hx**

	Date:	**Appt Time:**			**Date:**	**Appt Time:**		
Vital Signs	Age Wt	Temp BP	RR HR	PBPF Sat	Age Wt	Temp BP	RR HR	PBPF Sat
Current Medications								
Steroids Use								
HPI								
Physical Exam								

Nebulizer Treatments Ordered	Time: _____ Pre-Tx _____ Post-Tx Init: _____	Albuterol dose: P_____R_____Sat_____PF_____ P_____R_____Sat_____PF_____ Exam post-tx:	Time: _____ Pre-Tx _____ Post-Tx Init: _____	Albuterol dose: P_____R_____Sat_____PF_____ P_____R_____Sat_____PF_____ Exam post-tx:
	Time: _____ Pre-Tx _____ Post-Tx Init: _____	Albuterol dose: P_____R_____Sat_____PF_____ P_____R_____Sat_____PF_____ Exam post-tx:	Time: _____ Pre-Tx _____ Post-Tx Init: _____	Albuterol dose: P_____R_____Sat_____PF_____ P_____R_____Sat_____PF_____ Exam post-tx:
	Time: _____ Pre-Tx _____ Post-Tx Init: _____	Albuterol dose: P_____R_____Sat_____PF_____ P_____R_____Sat_____PF_____ Exam post-tx:	Time: _____ Pre-Tx _____ Post-Tx Init: _____	Albuterol dose: P_____R_____Sat_____PF_____ P_____R_____Sat_____PF_____ Exam post-tx:
Other Orders				
Assessment (include classification)				
Plan and Follow up				
Physician				

NAME	**FMP/SSN**	**DOB**	**PHONE**

Continued on Back

Date: _____

Comments: _____

Date: _____

Comments: _____

ASTHMA / RAD EDUCATION FLOW SHEET

Date Asthma Dx:

Teaching Content	Assessment of prior knowledge & skills **YES**	**NO**	Instructions given	Patient's Demonstration	Comments
Pathophysiology					
Goals of Therapy					
Early Warning Signs					
Asthma Triggers					
Environmental Controls					
Peak Flow Monitoring					
Personal Best					
MDI Technique					
Spacer					
Inhalation Therapy					
Medications:					
a. Purpose					
b. Dosage					
c. Side effects					

Physician's / Nurse's Signature: Date:

Materials given: Peak Flow Meter Spacer Mask & Tubing Asthma Book