# ADULT ASTHMA PATIENT CARE FLOW SHEET
## POST-DIAGNOSIS FOLLOW-UP VISITS #2 AND #3

<table>
<thead>
<tr>
<th>Patient Name: _________________________</th>
<th>Age</th>
<th>Date of Diagnosis:</th>
<th>Influenza Vaccination:</th>
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### Assessment of Asthma Control
- **B<sub>2</sub> agonist rescue use ≥ 3 times/week:**
  - Follow up VISIT #2: Date 6wk-3 mos: □ YES □ NO
  - Follow up VISIT #3: Date 3-6 mos: □ YES □ NO
- **Daytime symptoms ≥ 4 days/week:**
  - Follow up VISIT #2: Date 6wk-3 mos: □ YES □ NO
  - Follow up VISIT #3: Date 3-6 mos: □ YES □ NO
- **Night-time symptoms ≥ 1 time/week:**
  - Follow up VISIT #2: Date 6wk-3 mos: □ YES □ NO
  - Follow up VISIT #3: Date 3-6 mos: □ YES □ NO
- **Limitations to physical activity:**
  - Follow up VISIT #2: Date 6wk-3 mos: □ YES □ NO
  - Follow up VISIT #3: Date 3-6 mos: □ YES □ NO
- **Absence from work/school/social engagements:**
  - Follow up VISIT #2: Date 6wk-3 mos: □ YES □ NO
  - Follow up VISIT #3: Date 3-6 mos: □ YES □ NO
- **Attacks needing hospitalization/ER/ special visit/ prednisone:**
  - Follow up VISIT #2: Date 6wk-3 mos: □ YES □ NO
  - Follow up VISIT #3: Date 3-6 mos: □ YES □ NO
- **FEV1 or PEF ≤ 90% of personal best:**
  - Follow up VISIT #2: Date 6wk-3 mos: □ YES □ NO
  - Follow up VISIT #3: Date 3-6 mos: □ YES □ NO
- **Asthma worsenings** in the last week:
  - Follow up VISIT #2: Date 6wk-3 mos: □ YES □ NO
  - Follow up VISIT #3: Date 3-6 mos: □ YES □ NO
- **Reasons for Poor Asthma Control**
  - Smoking
    - Follow up VISIT #2: Date 6wk-3 mos: □ YES □ NO
    - Follow up VISIT #3: Date 3-6 mos: □ YES □ NO
  - Other triggers (consider occupational!)
    - Follow up VISIT #2: Date 6wk-3 mos: □ YES □ NO
    - Follow up VISIT #3: Date 3-6 mos: □ YES □ NO
  - Check inhaler technique
    - Follow up VISIT #2: Date 6wk-3 mos: □ YES □ NO
    - Follow up VISIT #3: Date 3-6 mos: □ YES □ NO
  - Check drug adherence
    - Follow up VISIT #2: Date 6wk-3 mos: □ YES □ NO
    - Follow up VISIT #3: Date 3-6 mos: □ YES □ NO
  - Drug side effects/concerns
    - Follow up VISIT #2: Date 6wk-3 mos: □ YES □ NO
    - Follow up VISIT #3: Date 3-6 mos: □ YES □ NO
  - Drug or device coverage
    - Follow up VISIT #2: Date 6wk-3 mos: □ YES □ NO
    - Follow up VISIT #3: Date 3-6 mos: □ YES □ NO
  - Doesn't understand chronic nature of asthma
    - Follow up VISIT #2: Date 6wk-3 mos: □ YES □ NO
    - Follow up VISIT #3: Date 3-6 mos: □ YES □ NO
  - Co-morbidities present
    - Follow up VISIT #2: Date 6wk-3 mos: □ Rhinitis □ GERD □ Sinusitis □ Obesity □ Other:
    - Follow up VISIT #3: Date 3-6 mos: □ Rhinitis □ GERD □ Sinusitis □ Obesity □ Other:

### Asthma Management Plan
- **Patient goals for management**
  - Follow up VISIT #2: Date 6wk-3 mos: □ Normal daily activities
  - Follow up VISIT #3: Date 3-6 mos: □ Normal daily activities
  - □ No limitations to physical activities
  - □ Simple treatment regimen
  - □ No symptoms
  - □ No absence from work/school
  - □ Other:
  - □ Normal daily activities
  - □ No limitations to physical activities
  - □ Simple treatment regimen
  - □ No symptoms
  - □ No absence from work/school
  - □ Other:

- **Personalized action plan created at first visit?**
  - Follow up VISIT #2: Date 6wk-3 mos: □ YES □ NO
  - Follow up VISIT #3: Date 3-6 mos: □ YES □ NO
  - □ If YES, was it used since last visit?
    - □ YES □ NO
  - □ If NO, Personalized action plan created at this visit?

- **Asthma Worsening Plan**
  - Follow up VISIT #2: Date 6wk-3 mos: □ YES □ NO
  - Follow up VISIT #3: Date 3-6 mos: □ YES □ NO

### Referral(s)
- □ Allergist
- □ CAE
- □ Respiriologist
- □ Nurse
- □ Other:

### Modification to Treatment Regimen
- **Controllers (ICS)**
  - □ 1-2 weeks □ 3-6 months □ 1-2 months □ Other:
  - □ 3-6 months □ 1-2 months □ Other:
  - □ No modifications made

- **Long-acting reliever (LABA)**
  - □ 1-2 weeks □ 3-6 months □ 1-2 months □ Other:
  - □ 3-6 months □ 1-2 months □ Other:
  - □ No modifications made

- **Short-acting relievers (Rescue)**
  - □ 1-2 weeks □ 3-6 months □ 1-2 months □ Other:
  - □ 3-6 months □ 1-2 months □ Other:
  - □ No modifications made

- **Combination ICS/LABA**
  - □ 1-2 weeks □ 3-6 months □ 1-2 months □ Other:
  - □ 3-6 months □ 1-2 months □ Other:
  - □ No modifications made

- **Controller and reliever (daily and rescue) in single inhaler**
  - □ 1-2 weeks □ 3-6 months □ 1-2 months □ Other:
  - □ 3-6 months □ 1-2 months □ Other:
  - □ No modifications made

- **Leukotriene Receptor Antagonist**
  - □ 1-2 weeks □ 3-6 months □ 1-2 months □ Other:
  - □ 3-6 months □ 1-2 months □ Other:
  - □ No modifications made

- **Other:**
  - □ 1-2 weeks □ 3-6 months □ 1-2 months □ Other:
  - □ 3-6 months □ 1-2 months □ Other:
  - □ No modifications made

### Follow-up
- Follow-up visit scheduled in:
  - □ 1-2 weeks □ 3-6 months □ 1-2 months □ Other:
  - □ 3-6 months □ 1-2 months □ Other:
  - □ No modifications made

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Canadian Network for Respiratory Care [www.cnrchome.net](http://www.cnrchome.net) has list of certified asthma educator (CAE) locations across Canada.