ASTHMA EDUCATION INVENTORY

Patient Number :_______________ **Date: ____/____/___** **Name: ____**

Patient's Age: __________ **DOB: ___/_____/_____** **Male ☐** **Female ☐** **Caregiver's Name: ____________________________________**

Language Preference: **English ☐** **Spanish ☐** **Other ☐___________________________________**

Attending Physician: ________________________________ **Last Physician Visit at Clinic: ___/___/_____**

Session Conducted by: **Asthma Educator 1☐** **Asthma Educator 2 ☐**

Where session occurred: **Clinic ☐** **Telephone ☐** **Home Visit ☐** **Type of session:** **Initial ☐** **Follow up ☐ #__________**

Session Start Time: _________________________________ **Session End Time: _____________________** **Session Length: _______minutes**

CONTROL	**Age 0-4**			
*Impairment	Symptoms	≤ 2 days/week but not more than once on each day ___	>2days week, or multiple times on ≤ 2 days/ week ___	Throughout the day ___
	Nighttime awakenings	≤ 1x/month ___	>1x /month ___	>1x/week___
	Interference with normal activity	None ___	Some limitation___	Extremely limited ___
	SABA	≤ 2 days/week ___	>2 days/week ___	Several times per day ___
RISK	Exac. Oral Sys. Corticosteroids	0-1x/year ___	2-3x/year ___	>3x/year ___
	Level of Control	**Well Controlled ___**	**Not Well Controlled ___**	**Very Poorly Controlled ___**

CONTROL	**Age 5-11**			
*Impairment	Symptoms	≤ 2 days/week but not more than once on each day ___	> 2days week, or multiple times on ≤ 2 days/ week ___	Throughout the day ___
	Nighttime awakenings	≤ 1x/month ___	≥ 2x/month ___	≥ 2x/week
	Interference with normal activity	None ___	Some limitation ___	Extremely limited ___
	SABA	≤ 2 days/week ___	>2days week ___	Several times per day ___
	Lung function			
	FEV_1 or peak flow	>80% predicted/pbest ___	60-80% predicted/pbest ___	<60% predicted/pbest ___
	FEV_1/FVC	>80% ___	75-80% ___	<75%%___
RISK	Exac. Oral Steroids	0-1x/year ___	≥2x/year ___	≥2x/year ___
	Level of Control	**Well Controlled ---**___ ___	**Not Well Controlled ---**___	**Very Poorly Controlled ---**___

CONTROL	**Age 12-Adult**			
*Impairment	Symptoms	≤ 2 days/week___	>2days week ___	Throughout the day ___
	Nighttime awakenings	≤ 2x/month ___	1-3 x/week ___	≥4x/week ___
	Interference with normal activity	None ___	Some limitation ___	Extremely limited ____
	SABA	≤2 days/week __	>2 days/week ___	Several times per day ___
	FEV_1 or peak flow	>80% predicted/pbest ___	60-80% predicted/pbest ___	<60% predicted/pbest ___
	ACT score	≥ 20 ___	16 -19 ___	≤ 15 ___
RISK	Exac. Oral Systemic Corticosteroids	0-1 year ___	≥ 2 year ___	≥ 2 year ___
	Reduction in Lung Growth	Requires long-term follow up	Requires long-term follow up	Requires long-term follow up
	Level of Control	**Well Controlled ___**	**Not Well Controlled ___**	**Very Poorly Controlled ___**

Asthma Control Level Assessed by: **MD ☐** **Asthma Educator ☐** ***Assess Impairment Domain by recall of previous 2-4 weeks.**

Impairment and Risk Factors

Physician Assessment of Asthma Severity Level

Intermittent ☐ Mild Persistent ☐ Moderate Persistent ☐ Severe Persistent ☐

Symptoms in past 4 weeks: Coughing ☐ Wheezing ☐ Chest Tightness ☐ Difficulty Breathing ☐ Feeling Out Of Breath ☐

***How many symptom days in past 4 weeks?** ______________________________

***How many school days missed since last visit/last 3 months if initial visit?** ______________________

Have you had any asthma attacks since your last visit/ last 3 months if initial visit? No ☐ Yes ☐ When______________________

FEV_1 Score __________ **Peak Flow Rating** _______ **Peak Flow Predicted**______ **FEV_1/FVC**______________________

Was spirometry performed in the last year? **Yes** ☐ **No** ☐ **Date of last spirometry** ______________________

Asthma Control Test Score: ______________________ **Childhood Asthma Control Test Score:** ______________________

Healthcare Utilization

***Has child been in Emergency Room since last visit/last year if initial visit?** No ☐ Yes☐, when ______________

***Has child been hospitalized since last visit/last year if initial visit?** No ☐ Yes ☐, when ______________

How many oral corticosteroid bursts since last visit/last year if initial visit? None☐ 1☐ 2☐ 3☐ Other ☐ specify how many ☐

Allergy testing ordered by DCSNO Yes ☐ No ☐

Allergy testing results: negative☐ dust mites ☐ dog ☐ cat ☐ cockroach ☐ mold(s) ☐ rodents ☐ grass ☐ tree pollen ☐ weed pollen ☐ other ☐______________________________

Date of testing: ______________________________

Results pending ☐ **Testing not performed** ☐ **Why not:** ______________________

Known Triggers: ______________________________

Child Exposed to Tobacco Smoke: Yes ☐ No ☐ **Child Smokes:** Yes ☐ No ☐

Current Medications

Name ________________________ Dose _______ How Often _________ How often taken in last 2 weeks ____ Med prescribed by ________________

Name ________________________ Dose _______ How Often _________ How often taken in last 2 weeks ____ Med prescribed by ________________

Name ________________________ Dose _______ How Often _________ How often taken in last 2 weeks ____ Med prescribed by ________________

Name ________________________ Dose _______ How Often _________ How often taken in last 2 weeks ____ Med prescribed by ________________

Name ________________________ Dose _______ How Often _________ How often taken in last 2 weeks ____ Med prescribed by ________________

***How many days have you missed your ICS in last 2 weeks? ________________________ Not applicable ☐**

SABA use in last 2 weeks ____

***Asthma Action Plan Completed:** Yes ☐ No ☐

Inhaler Technique Checklist (check steps that need improvement)

Metered Dose Inhaler

1. Shake the inhaler and remove the protective cap ☐
2. Hold inhaler upright ☐
3. Exhale to residual volume ☐
4. Place mouthpiece between lips and teeth ☐
5. Inhale slowly and simultaneously activate the canister ☐
6. Continue slow and deep inhalation ☐
7. Hold breath for 5-10 seconds ☐
8. Take inhaler out of mouth and hold breath for 5-10 seconds ☐

Dry Powder Inhaler

1. Prepare the inhaler before usage ☐
2. Keep inhaler horizontal ☐
3. Exhale to residual volume ☐
4. Place mouthpiece between lips and teeth ☐
5. Inhale forcefully and deeply ☐
6. Take the inhaler out of the mouth ☐
7. Hold breath for 5 seconds ☐

Device Technique: Nebulizer ☐ MDI ☐ MDI with Spacer☐ DPI ☐ Diskus ☐ Peak Flow Meter ☐

Independent use: ☐ Minimum coaching: ☐ Moderate coaching: ☐ Maximum coaching: ☐

Additional Device Technique: Nebulizer ☐ MDI ☐ MDI with Spacer☐ DPI ☐ Diskus ☐ Peak Flow Meter ☐

Independent use: ☐ Minimum coaching: ☐ Moderate coaching: ☐ Maximum coaching: ☐

Additional Device Technique: Nebulizer ☐ MDI ☐ MDI with Spacer☐DPI ☐ DPI ☐ Diskus ☐ Peak Flow Meter ☐

Independent use: ☐ Minimum coaching: ☐ Moderate coaching: ☐ Maximum coaching: ☐

Notes: ____

____

In-Check Dial Rating for Quick Relief______________ **Optimum Inspiratory Flow** ________________________

In-Check Dial Rating for Controller ______________ **Optimum Inspiratory Flow**________________________

Rating for Additional Medication ______________ **Optimum Inspiratory Flow**________________________

MDI 25 to 60 L/min | Flexhaler 60 to 90 L/min | Diskus 30 to 90 L/min

Twisthaler/Autohaler 30 to 60 L/min | Aerolizer 25 to 90 L/min | Handihaler 20 to 90 L/min

Child Asthma Risk Assessment Tool (CARAT) Scores

Low risk factors 1-3, moderate risk factors 4-6, high risk factors 7-10.

Medical Care ☐	**Environmental** ☐	**Smoking** ☐
Responsibility ☐	**Adherence** ☐	**Adult Well-Being** ☐
Child Well-Being ☐	**Asthma Attitudes** ☐	**Allergies** ☐

Problems Taking Medications:

Concern about medication side effects ☐	**Caregiver fears child will become addicted to medication** ☐
Mechanical problems using delivery device ☐	**Obtaining medications** ☐
Participant questions need for medication because feels well ☐	**Affording medications** ☐
Caretaker questions need for medication because child appears well to them ☐	**Complicated family lifestyle** ☐
Remembering to take medications ☐	**Use of folk remedies** ☐
Medication is not working ☐	**Resistant to taking medication due to peer pressure** ☐
Child refuses to take medication ☐	**Lack of adult supervision** ☐
Difficulty persuading child to take medication ☐	**No spacer** ☐ **Spacer given** ☐
Caregiver/child does not understand importance ☐	**No peak flow meter** ☐ **Peak flow meter given** ☐

Other ☐ ____

____

____

Asthma Education Completed

Review of symptoms ☐
Types of asthma medications ☐
Adherence ☐
Device technique ☐
Nebulizer use ☐
Review of Asthma Action Plan ☐
Self management practices ☐
Asthma triggers/ avoiding triggers ☐
Exercise induced asthma ☐
ACT 145 ☐

What is asthma? ☐
How to handle an asthma attack ☐
Safety of medications ☐
Spacer ☐
Peak Flow Meter ☐
Goals of therapy/ criteria of successful treatment ☐
Early warning signs ☐
Smoking cessation ☐
Managing asthma at school ☐
Review of goals ☐

Other ☐ ____

____

____

Handouts Given:____ __________

Self Management Goals Established **Yes** ☐ **No** ☐

Environmental: smoking cessation ☐ environmental remediation ☐ avoidance of triggers☐

Medication: adherence ☐ device ☐ timely filling of RXs ☐

Symptom Recognition: peak flow monitoring ☐ recognizing early warning signs ☐ following AAP ☐

Follow up with physician ☐

Current AAP at school/ACT 145 ☐

Other ☐____

____

Notes:____

____

____

____

NOTES: