

**CHART REVIEW TEMPLATE
ACUTE ASTHMA**

Date: _____

Patient No. _____

INCLUSIONS: All Patients Over 2 Years of Age with a Discharge Diagnosis of Asthma.

EXCLUSIONS: None

1) TRIAGE/HISTORY/PHYSICAL EXAM: (30 points)

Point Value

- _____ 5 Yes 0 No 1a) Respiratory rate recorded.
- _____ 1 Yes 0 No 1b) Heart rate recorded.
- _____ 1 Yes 0 No 1c) Temperature recorded.
- _____ 2 Yes 0 No 1d) Weight recorded.
- _____ 6 Yes 0 No 1e) Work of breathing assessed (Retractions, nasal flaring, head-bobbing, tripodding, etc.)
- _____ 5 Yes 0 No 1g) Oxygen saturation assessed.
- _____ 10 Yes 0 No 10 NA 1h) Oxygen supplementation given for O₂SAT < 91%.

2) MANAGEMENT: (35 points)

- _____ 10 Yes 0 No 10 NA 2a) At least 3 doses of nebulized beta-2 agonist given in first hour. (unless documented that patient clear after < 3 aerosols.)
- _____ 10 Yes 0 No 10 NA 2b) Corticosteroids given before, during or just after second beta-2 agonist treatment.
- _____ 5 Yes 0 No 5 NA 2c) Peak flow recorded at discharge or after last treatment in patients > 8 years of age. (>70% predicted to get credit)
- _____ 10 0 No 10 NA 2d) Improvement in clinical status @ D/C

3) DISPOSITION: (35 points)

- _____ 10 Yes 0 No 10 NA 3a) Clearly defined therapeutic treatment plan.
 Medication (5 points)
 Frequency (5 points)
- _____ 15 Yes 0 No 15 NA 3b) Plan includes corticosteroids. (If adequate response to 1 nebulizer treatment then NA)
- _____ 10 Yes 0 No 10 NA (if admitted) 3c) Written follow-up instructions given.
_____ Return ED/F/U PMD (5 points)
_____ Education: smoking/triggers (5 points)

Total: _____