



CHILDREN'S HEALTH

PHYO
CMC50636-004NS Rev. 1/2015

Asthma Management Program
Physician Order Form and Patient Profile

Child name / Nickname Gender Male Female Date of birth
Primary language English Spanish Other
Guardian name Relationship
Home phone number Other contact number
Insurance carrier Policy number

Asthma Assessment

Date of last Primary Care Physician visit
Asthma severity (NHLBI GUIDELINES)
Asthma control (NHLBI GUIDELINES)
Recent exacerbations
Date of last hospitalization for asthma
Facility
Date of last Emergency Room visit for asthma
Facility

Co-Morbid Conditions

Allergic rhinitis Chronic sinusitis Gastroesophageal reflux disease
Sleep apnea Obesity VCD Immune deficiency

Known asthma triggers:

Allergies:
Irritants:
Other:

Immunizations up to date Yes No

Drug allergies Yes No List:

Seen by a specialist? Yes No
Name

Psychosocial issues: No Yes

Prognosis: Good Fair Poor Guarded

Mental status: Age appropriate Delayed Other

Safety concerns identified: No Yes
(Fall, infection, oxygen, other)

Diet restrictions: No Yes

Activity restrictions: No Yes

Functional limitations: No Yes

Child has:

Peak flow meter Yes No Nebulizer Yes No
Holding chamber Yes No Epi-pen Yes No
Pillow encasements Yes No Action plan Yes No
Allergy testing Yes No Recent PFT's Yes No

Asthma Medications currently prescribed:

Table with 4 columns: Medication, Dosage, Route, Frequency

Please identify any other asthma related concerns.

PHYSICIAN ORDERS

- Instruct patient / caregiver in home management of disease process.
Assess and instruct in signs and symptoms of asthma and potential complications.
Assess patient response to medication and compliance with medication regimen.
Assess and instruct patient / caregiver in medication regime, possible side effects, and any medication change noted by physician.
Home care visits by an RN or RT within 6 months. Discharge from home care services after the second home visit.
Provide a holding chamber and peak flow meter to patient with instruction for proper use.
Assess and instruct environmental controls for asthma management.
Assess for home safety, adequate nutrition, hydration, and elimination.

Please enroll the above named patient in Children's Health Asthma Management Program which initiates ongoing biweekly contacts for care coordination, home care visits by an RN or RT and an optional inter-disciplinary asthma class for caregivers.

Signature / Title

Printed name

Date Time

Office address

Office telephone Office fax

Please fax this form to: 214-456-2553

If you have any questions or concerns please call: 214-456-5864 (main line) or 214-456-8182 (MD line)