



ASTHMA CARE MAP

SEVERITY CLASSIFICATION

- Intermittent
- Mild Persistent
- Moderate Persistent
- Severe Persistent

CONTROL CLASSIFICATION (ACT Score _____)

- Well Controlled
- Not Well Controlled
- Very Poorly Controlled

INHALED CORTICOSTEROID for "persistent" classification

- Yes (name of medication _____)
- No

- SPIROMETRY**, if older than 5 years (Date: _____)
- ALLERGY TESTING** (Date: _____)
- INFLUENZA VACCINE** (Date: _____)

EDUCATION

- Basic facts about asthma
- Difference between controllers and quick-relievers
- Medication dosing and frequency
- Technique for spacer/delivery devices
- Asthma Action Plan
- Symptom Diary
- Medication Administration Form (504b School Form)
- Identifying environmental asthma triggers
- Specific advice on reducing exposure to triggers
- Tobacco cessation counseling, if parent is a smoker

REFERRAL

- Asthma Specialist
- NY State Smokers' Quitline (1-866-NY-QUITS)
- Social worker
- Environmental assessment/integrated pest management

PLANNED FOLLOW-UP SCHEDULED

- If "not well controlled" or "very poorly controlled"
Follow-up in 2-6 weeks (Date: _____)
- If "well controlled"
Follow-up in 1-6 months (Date: _____)