Mississippi Department Human Services Division of Youth Services

Asthma Management Flow Sheet

Student Name:	DOB:	Living U	Living Unit:			
Does the Student have: Spacer?	Personal best peak flow?	Date me	Date measured:			
Date of Encoun						
Encounter Type: R= Routine, O= Office Visit,						
ER= Emergency Room, H= Hospitalization						
NAEPP Severity Level: I= Mild Intermittent, P Mild= Mild						
Persistent, P Mod= Moderate Persistent, P S Peak Flow:	ev= Severe Persistent					
Medications: Fill in medication/dose: RX= Prescribed C= Continued, D= Dose Change D/C= Discontinued						
	A = Prescribed C = Continued, 1	Dose Change D	/C-Discontinued	1		
* Short-acting beta-agonist:						
* Inhaled Corticosteroid:						
* Cromolyn/Nedocromil:						
* Leukotriene modifier:						
* Long-acting beta-agonist:						
* Methylxanthine:						
* Systemic corticosteroid:						
* Other:						
Influenza vaccine administered:						
Asthma action plan reviewed with st	udent:					

NAEPP Severity Level Classifications:

Level	Symptoms	Clinical Features before Treatment Nighttime symptoms	Lung Function
Step 1 Mild Intermittent	➤ Symptoms 2 times a week ➤ Asymptomatic and normal PEF between exacerbations	> 2 times a month	FEV, or PEF > 80%PredictedPEF variability < 20%
Step 2 Mild Persistent	➤ Symptoms > 2 times a week but > 1 time a day, exacerbations may affect activity	> 2 times a month	FEV, or PEF > 60%PredictedPEF variability < 30%
Step 3 Moderate Persistent	 Daily symptoms Daily use of inhaled short-acting beta agonist Exacerbations affect activity Exacerbations > 2 times a week; may last days 	> 1 time a week	FEV, or PEF > 60% - <80%Predicted PEF variability < 30%
Step 4 Severe Persistent	➤ Continual symptoms ➤ Limited physical activity ➤ Frequent exacerbations	Frequent	 FEV, or PEF < 60% Predicted PEF variability > 30%