

Pediatric Documentation Templates

Asthma Action Plan

Executive Summary

The Partners Pediatric Asthma Action Plan was designed to aid in the documentation of a strategy for managing asthma symptoms as well as to improve adherence to recommendations for assessing asthmatic patients. This template exists as a form paragraph which is inserted into the patient's note in his or her electronic medical record. This allows the provider to modify the paragraph and document the appropriate information for that child. In its current form, it is meant to be used during a visit to specifically review and/or develop a patient's 'action plan' for managing his/her asthma. This web site includes a view of the form paragraph and directions for use.

Source

This template was developed under a grant from the Agency for Healthcare Research and Quality (AHRQ), [Improving Pediatric Safety and Quality with Healthcare IT](#), in collaboration with the Partners HealthCare System Quality Improvement Group, the Massachusetts General Hospital for Children, and Partners HealthCare System Inc. Information Systems. Listed below are the names of clinicians and experts who contributed to development of the template. In addition, the LMR Pediatric Content Subcommittee and the main LMR Content Committee reviewed the template, and approved it for use with the Partners Longitudinal Medical Record (LMR).

Contributors

Timothy Ferris, MD, MPH; Stephen Morgan, MD; Eric Poon, MD, MPH; James Perrin, MD; Shelly Bernstein, MD; Peter Greenspan, MD; John Co, MD, MPH; Mark Mandell, MD.

Template

Test Ignore PG 09/09/2006 (13 mos) M SAJ18 MGH EVERETT

Select Desktop Patient Chart Oncology Custom Reports: Pedi AAP Admin Sign ? Resource Popup

Creating a Symptom Based Pediatric Asthma Action Plan

Date: 10/26/2007 Date of last AAP: 03/24/2007

Provider: Johnson, Sarah Alyse, IHP

Triggers:
 Dust
 Grasses
 Mold
 Pets
 Pollen
 Other:

Use the patient's:
 Symptoms
 Predicted peak flow
 Personal best peak flow

Provider checks off patient triggers.

Green Zone Medications

Weight: 150 lbs (10/25/2007)

Select Medications

Name	Directions
<input type="checkbox"/> Albuterol INHALER	2 PUFF (90MCG HFA AER AD) inhaled by mouth every 4 hours as needed
<input checked="" type="checkbox"/> Albuterol INHALER	2 PUFF inhaled by mouth every 4 hours
<input type="checkbox"/> Aleve (NAPROXEN SODIUM (ALEVE))	440 MG (220MG TABLET take 2) by mouth twice a day
<input type="checkbox"/> Aleve (NAPROXEN SODIUM (ALEVE))	220 MG (220MG TABLET take 1) by mouth every 12 hours
<input type="checkbox"/> Ambien CR (ZOLPIDEM TARTRATE EXTENDED-RELEASE)	12.5 MG (12.5MG TAB MPHASE take 1) by mouth every night
<input type="checkbox"/> Amitriptyline HCL	10MG TABLET by mouth every night
<input type="checkbox"/> Amoxicillin/clav. acid 500/125 (AMOX./CLAV. ACID 500/125)	500-125MG TABLET by mouth twice a day
<input type="checkbox"/> Asmanex	take 1 inhaled by mouth twice a day
<input type="checkbox"/> Bactrim DS	D by mouth twice a day
<input type="checkbox"/> Cantharadine	by mouth
<input type="checkbox"/> Celexa (CITALOPRAM)	40 MG (40MG TABLET take 1) by mouth every day
<input type="checkbox"/> Compazine (PROCHLORPERAZINE MALEATE)	10 MG (10MG TABLET take 1) by mouth every 8 hours
<input type="checkbox"/> Dierd	10 mg by mouth twice a day
<input type="checkbox"/> Furosemide	80MG TABLET by mouth twice a day

Provider selects green, yellow, and red zone medications and directions.

Include patient and practice information

[Asthma information](#)
[Inhaler information](#)
[Peak Flow Meter information](#)

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09/09/2006 (13 mos) M SAJ18 MGH EVERETT

Select Desktop Patient Chart Oncology Custom Reports: Pedi AAP Admin Sign ? Resource Popup

Additional Information:

Yellow Zone Medications

Weight: 150 lbs (10/25/2007)

Select Medications [Show Patient's Medications](#)

Name	Directions
<input type="checkbox"/> Advair	1 Puff twice a day
<input type="checkbox"/> Albuterol MDI	2-4 Puffs every 4 hours
<input type="checkbox"/> Albuterol Nebulizer	0.5 ml every 4 hours
<input type="checkbox"/> Albuterol Nebulizer	0.25 ml every 4 hours
<input type="checkbox"/> Atrovent (ipratropium) MDI	1-2 Puffs four times daily
<input type="checkbox"/> Atrovent (ipratropium) Nebulizer	0.5 mg four times daily
<input type="checkbox"/> Cromolyn MDI	2 Puffs four times daily
<input type="checkbox"/> Cromolyn Nebulizer	20 mg four times daily
<input type="checkbox"/> Flovent (fluticasone)	1-2 Puffs twice a day
<input type="checkbox"/> Orapred (prednisolone sodium phosphate)	5 mg by mouth twice a day
<input type="checkbox"/> Prednisone	20 mg by mouth every day
<input type="checkbox"/> Proair HFA (albuterol)	2-4 Puffs every 4 hours
<input type="checkbox"/> Pulmicort (budesonide) MDI	1 Puff twice a day
<input type="checkbox"/> Pulmicort (budesonide) Nebulizer	2 ml twice a day
<input type="checkbox"/> Singulair (montelukast)	4 mg by mouth every day

Additional Information:

Continue Yellow Zone medications for days

Red Zone Medications

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Print Student Self-Administration Form

Additional Information:

Continue Yellow Zone medications for days

Red Zone Medications

Weight: 150 lbs (10/25/2007)

Select Medications [Show Patient's Medications](#)

<input type="checkbox"/>	Name	Directions
<input type="checkbox"/>	Advair	1 Puff twice a day
<input type="checkbox"/>	Albuterol MDI	2-4 Puffs every 4 hours
<input type="checkbox"/>	Albuterol Nebulizer	0.5 ml every 4 hours
<input type="checkbox"/>	Albuterol Nebulizer	0.25 ml every 4 hours
<input type="checkbox"/>	Atrovent (ipratropium) MDI	1-2 Puffs four times daily
<input type="checkbox"/>	Atrovent (ipratropium) Nebulizer	0.5 mg four times daily
<input type="checkbox"/>	Cromolyn MDI	2 Puffs four times daily
<input type="checkbox"/>	Cromolyn Nebulizer	20 mg four times daily
<input type="checkbox"/>	Flovent (fluticasone)	1-2 Puffs twice a day
<input type="checkbox"/>	Orapred (prednisolone sodium phosphate)	5 mg by mouth twice a day
<input type="checkbox"/>	Prednisone	20 mg by mouth every day
<input type="checkbox"/>	Proair HFA (albuterol)	2-4 Puffs every 4 hours
<input type="checkbox"/>	Pulmicort (budesonide) MDI	1 Puff twice a day
<input type="checkbox"/>	Pulmicort (budesonide) Nebulizer	2 ml twice a day
<input type="checkbox"/>	Singulair (montelukast)	4 mg by mouth every day

Additional Information:

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[Asthma information](#)

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Address <http://lmrintra.partners.org/scripts/phsweb.mwl?PKG=08.ZXSOPT=PFWEB&SESS=u1017974791975232758.ZXSPTVER=6&SERVICE=Choose&ID=104281929>

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<input type="checkbox"/>	Name	Directions
<input type="checkbox"/>	Dierd	10 mg by mouth twice a day
<input type="checkbox"/>	Furosemide	20MG TABLET Tablet(s) by mouth as directed
<input type="checkbox"/>	Gabitril (TIAGABINE)	4 MG (4MG TABLET take 1) by mouth four times daily
<input type="checkbox"/>	Insulin NPH HUMAN	Variable (100 U/ML VIAL ML) subcutaneous
<input type="checkbox"/>	Keflex (CEPHALEXIN)	500 MG (500MG CAPSULE take 1) by mouth four times daily
<input type="checkbox"/>	Levofloxacin	250MG TABLET take 1 Tablet(s) by mouth every day
<input type="checkbox"/>	Lopressor (METOPROLOL TARTRATE)	intravenous undefined
<input type="checkbox"/>	Oseltamivir PHOSPHATE	30 MG (12MG/ML SUSP RECON ML) by mouth twice a day
<input type="checkbox"/>	Penicillamine	250 MG (250MG TABLET take 1) twice a day
<input type="checkbox"/>	Percocet 5 MG/325 MG (OXYCODONE 5 MG/ACETAMINOPHEN 325 MG)	5MG-325MG TABLET by mouth as directed as needed for Pain
<input type="checkbox"/>	Percocet 7.5 MG/500 MG (OXYCODONE 7.5 MG/ACETAMINOPHEN 500 MG)	1 TAB by mouth every 4-6 hours
<input type="checkbox"/>	Plavix (CLOPIDOGREL)	75 MG (75MG TABLET take 1) by mouth every day
<input type="checkbox"/>	Prednisone	20 MG (20MG TABLET take 1) by mouth every day
<input type="checkbox"/>	Promethazine HCL	25MG SUPPOSITORY take 1 every 4-6 hours as needed for nausea
<input type="checkbox"/>	Prowigil (MODAFINIL)	200 MG (200MG TABLET take 1) by mouth every day
<input type="checkbox"/>	Ritalin LA (METHYLPHENIDATE EXTENDED RELEASE)	20 MG (10MG CAP MPHASE take 2) by mouth every morning before breakfast
<input type="checkbox"/>	Ritonavir	100 MG (100MG CAPSULE take 1) by mouth every 4-6 hours
<input type="checkbox"/>	Suboxone	2 TABS sublingual every day
<input type="checkbox"/>	Suboxone (BUPRENORPHINENALOXONE DIHYDRATE)	3 TAB (8MG-2MG TAB SUBL) sublingual every day
<input type="checkbox"/>	Trazodone	25 MG (50MG TABLET take 0.5) by mouth every night
<input type="checkbox"/>	Tylenol	321MG by mouth four times daily as needed
<input type="checkbox"/>	Tylenol (ACETAMINOPHEN)	by mouth undefined
<input type="checkbox"/>	Zemplar (PARICALCITOL)	1 MCG (1MCG CAPSULE take 1) by mouth every day
<input type="checkbox"/>	Zithromax (AZITHROMYCIN)	250 MG (250MG TABLET take 1) per nasogastric tube every day
<input type="checkbox"/>	Zometa (ZOLEDRONIC ACID)	4 MG (4MG VIAL take 1) intravenous every month

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The screenshot displays a medical software interface for editing a patient note. The date is 05/01/2007. The note content includes:

YOUR TREATMENT GOALS

- 1 Reduce symptoms such as cough and congestion
- 2 Reduce emergency visits or hospitalizations for asthma
- 3 Use medications to control respiratory symptoms with as few side effects as possible

Activity restriction: None

YOUR DAILY MEDICATIONS

Daily Medication	How Much To Take	When To Take It
Singulair 10/5/4mg tabs	one tablet	once a day
Flovent 44/110/220	two puffs (use aerochamber)	twice a day
Pulmicort 0.5/0.25mg	one nebulization	twice a day
Advair 100/250/500-50	one puff	twice a day

RESCUE MEDICATIONS

If you notice increased symptoms (shortness of breath, wheezing, chest tightness or cough) you need to use your quick relief medication: **albuterol 2 puffs four times a day (or by nebulizer).**

Albuterol should not be used more frequently than every 4 hours.

If asthma symptoms worsen while you are taking oral steroids, or inhaled rescue treatments are not lasting 4 hours, call your primary care doctor.

A dropdown menu is open, showing the following options: Infant PE, PE, Asthma action plan (selected), attending addendum, child/physical, Diabetic (diel/tes), Diabetic eye exam, excuse letter, gastro.

The asthma action plan appears in the visit note as above. Providers can modify the note as needed.

Disclaimer

These tools were created using national, state, and local guidelines, and group consensus regarding best practices. These guidelines, and their interpretation by clinicians at Partners Healthcare System, may not represent the standard of care across all regions or settings, and are not intended to be adopted or applied without independent assessment of their suitability for a particular setting. Moreover, guidelines change over time (for example, the age range for children who should receive influenza vaccinations was recently extended to 59 months). The rules and/or reminders contained within these templates may need the addition or modification of certain items to ensure that they remain consistent with current guidelines. Therefore, the tools included here are intended only as examples or guides for the development of similar templates in other settings. Partners Healthcare System and its affiliates disclaim any and all responsibility or liability associated with the use of the templates displayed here by third parties.