

Asthma Evaluation SOAP Note

(Adults and youths ≥ 12 years of age)

S:	[Subjective] Patient report of symptoms as described by the patient
O:	[Objective] Vitals signs, physical examination findings, lab test results, BP, weight, height, and lung function
A:	[Assessment] A summary of the symptoms/diagnosis and differential diagnosis
P:	[Plan] The healthcare provider's plan that addresses the patient's concerns

Patient Name: _____ Today's Date: _____

Age: _____ Male/Female: _____ Medical Record #: _____

S: Subjective Data

How many days per week or how many times per day do you have asthma symptoms?
How many nights per week or per month do you wake up because of asthma symptoms?
How often do you use quick-relief medications for these symptoms?
Do any of these symptoms interfere with your work? school? or exercise/activities?
and how much? none minor some extreme
Have you visited an emergency room, urgent care office, been admitted to the hospital,
or received oral corticosteroids for treatment of asthma since your last visit? Yes No

O: Objective Data

Respiratory Assessment:	Physical Examination:	
	Vitals	Physical Examination
Tobacco Use:	Temp:	HEENT:
Today's Peak Flow:	HR:	Lungs:
Labs:	RR:	Heart:
X-rays:	BP:	Abdomen:
Spirometry:	HT:	Extremities:
ACT, ACQ, or ATAQ score:	WT:	Neuro:

Medications:
Controller Med: _____ Quick-Relief Med: _____
Concurrent Meds: _____ Other Treatments: _____
About what % of time are you taking your medicines? 100% 75% 50% less than 25%
Comorbidities: Allergic Rhinitis COPD Sinusitis GERD Eczema Obesity Diabetes
Other: _____

A: Assessment (See next page to evaluate severity/classify control)

Classification of Severity Patient's initial assessment or patients not on controller medication(s):
 Severe Persistent Moderate Persistent Mild Persistent Intermittent
Classification of Control: Well Controlled Not Well Controlled Very Poorly Controlled
Is current therapy achieving adequate control? Yes No If no, action taken:
Inhaler Technique: Satisfactory Unsatisfactory Training Demo Provided

P: Plan (See back cover for recommended action for treatment/stepwise approach)

Provide self-management education, Asthma Action Plan Review/update Asthma Action Plan
 Recommend measures to control exposure to allergens and pollutants or irritants that make asthma worse
 Treat comorbid conditions Influenza vaccine Other vaccines
Tests to be ordered:
Medications:
Next visit:

Provider Name/Signature: _____

Evaluating Asthma Severity (for patient NOT on controller medication[s])					
Components of Severity		Classification of Asthma Severity (≥12 years of age)			
		Intermittent	Persistent		
			Mild	Moderate	Severe
Impairment	Symptoms	≤2 days/week	>2 days/week but not daily	Daily	Throughout the day
	Nighttime awakenings	≤2x/month	3-4x/month	>1x/week but not nightly	Often 7x/week
	Short-acting beta ₂ -agonist use for symptom control (not prevention of EIB)	≤2 days/week	>2 days/week but not daily, and not more than 1x on any day	Daily	Several times per day
	Interference with normal activity	None	Minor limitation	Some limitation	Extremely limited
	Lung function	<ul style="list-style-type: none"> Normal FEV₁ between exacerbations FEV₁ >80% predicted FEV₁/FVC normal 	<ul style="list-style-type: none"> FEV₁ >80% predicted FEV₁/FVC normal 	<ul style="list-style-type: none"> FEV₁ >60% but <80% predicted FEV₁/FVC reduced 5% 	<ul style="list-style-type: none"> FEV₁ <60% predicted FEV₁/FVC reduced >5%
Risk	Exacerbations requiring oral systemic corticosteroids	0-1 per year	≥2 per year		
		Consider severity and interval since last exacerbation. Frequency and severity may fluctuate over time for patients in any severity category. Relative annual risk of exacerbations may be related to FEV ₁ .			
Recommended Step for Initiating Therapy		Step 1	Step 2	Step 3 and consider short course of oral systemic corticosteroids	Step 4 or 5
		In 2-6 weeks, evaluate level of asthma control that is achieved and adjust therapy accordingly.			

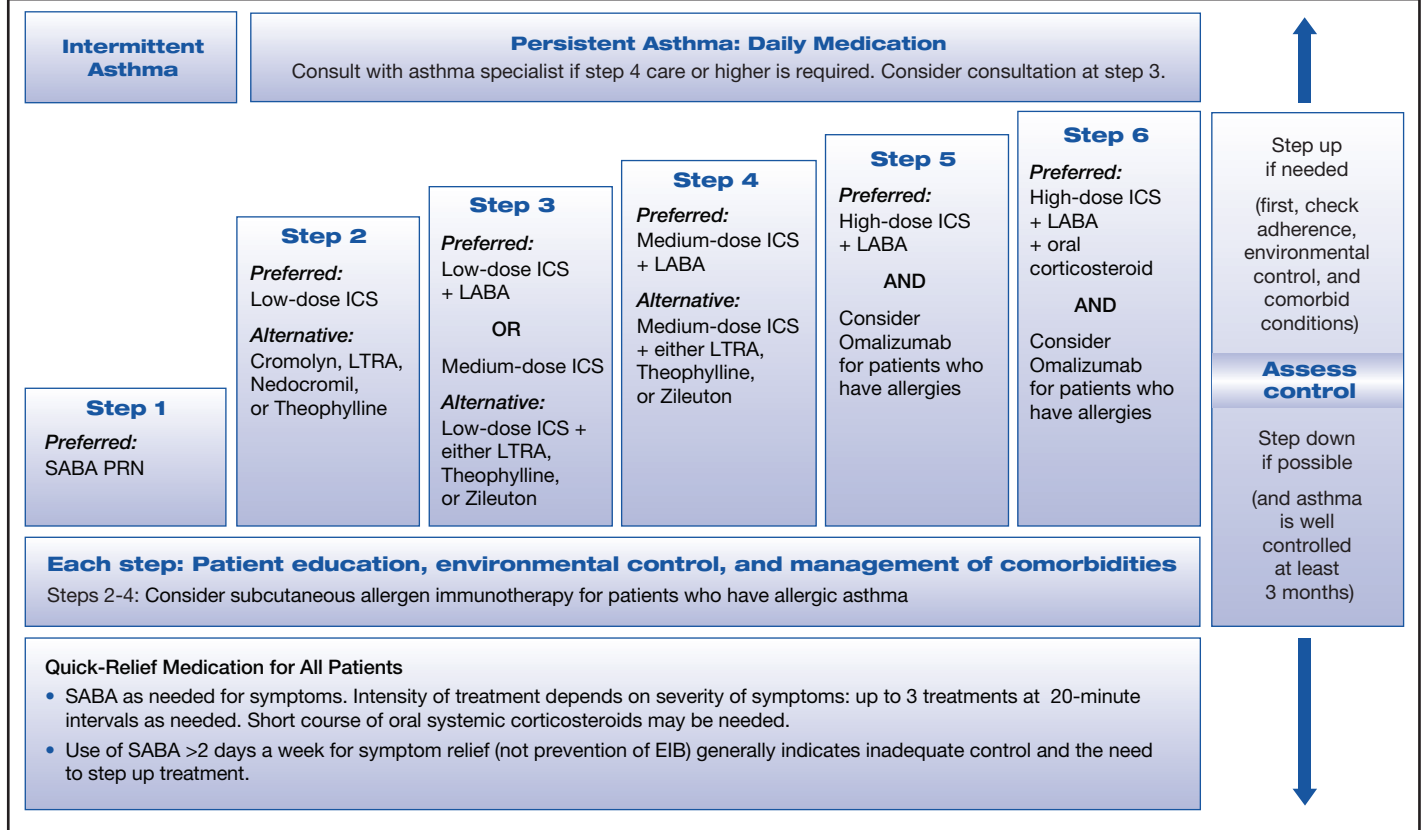
Classification of Asthma Control				
Components of Control		Classification of Asthma Control (≥12 years of age)		
		Well Controlled	Not Well Controlled	Very Poorly Controlled
Impairment	Symptoms	≤2 days/week	>2 days/week	Throughout the day
	Nighttime awakenings	≤2x/month	1-3x/week	≥4/week
	Interference with normal activity	None	Some limitation	Extremely limited
	Short-acting beta ₂ -agonist use for symptom control (not prevention of EIB)	≤2 days/week	>2 days/week	Several times per day
	FEV ₁ or peak flow	>80% predicted/personal best	60-80% predicted/personal best	<60% predicted/personal best
	Validated questionnaires			
	ATAQ	0	1-2	3-4
	ACQ	≤0.75*	≥1.5	N/A
	ACT	≥20	16-19	≤15
Risk	Exacerbations requiring oral systemic corticosteroids	0-1 per year	≥2 per year	
		Consider severity and interval since last exacerbation		
	Progressive loss of lung function	Evaluation requires long-term followup care		
Treatment-related adverse effects	Medication side effects can vary in intensity from none to very troublesome and worrisome. The level of intensity does not correlate to specific levels of control but should be considered in the overall assessment of risk.			
Recommended Action for Treatment		<ul style="list-style-type: none"> Maintain current step. Regular followup every 1-6 months to maintain control. Consider step down if well controlled for at least 3 months. 	<ul style="list-style-type: none"> Step up 1 step and Reevaluate in 2-6 weeks. For side effects, consider alternative treatment options. 	<ul style="list-style-type: none"> Consider short course of oral systemic corticosteroids, Step up 1-2 steps, and Reevaluate in 2 weeks. For side effects, consider alternative treatment options.

This information is directly abstracted from the 2007 NAEPP Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma¹ and is not intended to promote or endorse any of the listed products.

*ACQ values of 0.76–1.4 are indeterminate regarding well-controlled asthma.

Key: EIB, exercise-induced bronchospasm; FEV₁, forced expiratory volume in 1 second
ACT, Asthma Control Test. Asthma Control Test is a trademark of QualityMetric Incorporated.

Stepwise Approach for Managing Asthma



This information is directly abstracted from the 2007 NAEPP *Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma*¹ and is not intended to promote or endorse any of the listed products. **Does not include table Notes.**

To access the complete *Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma*, go to www.nhlbi.nih.gov/guidelines/asthma/asthgdln.pdf.

Key: ICS, inhaled corticosteroid; LABA, inhaled long-acting beta₂-agonist; LTRA, leukotriene receptor antagonist; SABA, inhaled short-acting beta₂-agonist

Reference: 1. National Asthma Education and Prevention Program. *Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma*. National Institutes of Health, National Heart, Lung, and Blood Institute. August 2007. NIH publication 08-4051.