

Name: _____ Date of Birth: _____ Allergy: _____

Asthma Exacerbation: _____ Date: _____

Wt _____ Ht _____ Temp _____ RR _____ HR _____ Pulse Ox _____

Time of visit _____ Initial vital sign time _____ Time of last rescue med _____

Brief history _____

Physician Assessment:

| | | | |
|----------------|---------|--------------|--------------|
| PE: _____ | H _____ | THROAT _____ | LYMPH _____ |
| GEN _____ | E _____ | NECK _____ | GENIT _____ |
| HR _____ | E _____ | CHEST _____ | EXTREM _____ |
| RR _____ | N _____ | CV _____ | NEURO _____ |
| PULSE OX _____ | T _____ | ABD _____ | SKIN _____ |

Plan:
Rescue medication administered _____
Steroids needed? (prednisone 2mg/kg dose) _____
(dexamethasone 0.15mg/kg-0.6mg/kg dose) _____

Re-assessment, time _____
RR _____ HR _____ Pulse ox (if was less than 96%) _____
PE _____

Plan:
Rescue medication _____
If second rescue needed must give steroids, dose _____
Re-assessment, time _____
RR _____ HR _____ Pulse ox (if was less than 96%) _____
PE _____

Plan _____

Follow up:
Re-assessment phone call made at _____
Signed out to on call provider to follow up (if after 4pm) _____
RTC _____