



Asthma Home Management

Asthma Exacerbation Phone Contact Worksheet: Initial Assessment

Name: _____

ID Number: _____

Date: _____

Time: _____

Peak Expiratory Flow: _____

(Personal Best = _____)

Pertinent History: _____

Current Meds (including oxygen):

Action Plan followed? Yes No

STAT PACK opened? Yes No

Severity Level



Highest Score=
Severity Level

- 0 = absent
- 1 = mild
- 2 = moderate
- 3 = severe

Cough _____

Shortness of breath _____

Chest tightness _____

Wheeze _____

Peak flow _____

Comments (e.g., late at night, patient all alone or no transport to Emergency Room, etc.): _____

Steps in Treatment

Mild or moderate (YELLOW ZONE)
(PEF 50%-80% predicted)

Medication Plan _____

Take additional rescue medicine(s) listed on
Asthma Action Plan

Severe (RED ZONE)
(PEF 50%-80% predicted)

Medication Plan _____

Repeat peak flow in 5 minutes

- >50% of predicted, follow steps for YELLOW ZONE
- <50% of predicted, go to nearest Emergency Room or call 911 STAT

Signed: _____ Date: _____ Time: _____

Asthma Home Management

Asthma Exacerbation Phone Contact Worksheet: One Hour Reassessment

Name: _____
ID Number: _____

Date: _____
Time (1 hour later): _____
Peak Expiratory Flow: _____

Response to Rx: Improved
 Not improved
 Deteriorating

Severity Level



Highest Score=
Severity Level

- 0 = absent
- 1 = mild
- 2 = moderate
- 3 = severe

Cough _____
Shortness of breath _____
Chest tightness _____
Wheeze _____
Sputum production _____

Comments (e.g., late at night, patient all alone or no transport to Emergency Room, etc.): _____

Steps in Treatment

Mild, improved Medication Plan _____

• Continue rescue medicine(s) for 24-48 hours, then stop
• Give final instructions

Moderate, improved Medication Plan _____

_____ **CALL BACK IN 2-4 HOURS**

Moderate, not improved or severe Medication Plan _____

_____ **Come to Emergency Room or call 911 for ambulance transport to Emergency Room STAT**

Final Instructions/Comments

1. Appointment with local physician in _____ days (mandatory if the case worker recommends it).
2. Callback by case worker in _____ days.

Signed: _____ Date: _____ Time: _____

Asthma Home Management

Asthma Exacerbation Phone Contact Worksheet: 2-4 Hour Reassessment

Name: _____
ID Number: _____

Date: _____
Time (2-4 hours later): _____
Peak Expiratory Flow: _____

Response to Rx:

- Improved
- Not improved
- Deteriorating

Severity Level



Highest Score=
Severity Level

- 0 = absent
- 1 = mild
- 2 = moderate
- 3 = severe

Cough _____
Shortness of breath _____
Chest tightness _____
Wheeze _____
Sputum production _____

Comments (e.g., late at night, patient all alone or no transport to Emergency Room, etc.): _____

Steps in Treatment

Mild, improved

Medication Plan _____

- Continue rescue medicine(s) for 24-48 hours, then stop
- Give final instructions

Moderate or severe

Medication Plan _____

Come to Emergency Room or call 911 for ambulance transport to Emergency Room STAT

Final Instructions/Comments

1. Appointment with local physician in _____ days (mandatory if the case worker recommends it).
2. Callback by case worker in _____ days.

Signed: _____ Date: _____ Time: _____