



ACUTE ASTHMA/REACTIVE AIRWAY DISEASE CHART REVIEW TEMPLATE (03/26/2025)

HOSP. CODE/VISIT DATE: _____ PT AGE/SEX: _____ MR #: _____ MD REVIEWER: _____

INCLUSIONS: All Patients greater than 2 Years of Age with a *Discharge Diagnosis* from the Emergency Department of Asthma. **EXCLUSIONS:** None

1) TRIAGE/HISTORY/PHYSICAL EXAM:

- 1a) Respiratory rate documented
- 1b) Heart rate documented
- 1c) Temperature documented
- 1d) Weight Kg. documented
- 1e) Work of breathing assessed (Retractions, nasal flaring, head-bobbing, tripodding, etc.)
- 1f) Oxygen saturation assessed
- 1g) Oxygen supplementation given for O₂SAT < 91%

2) MANAGEMENT:

- At least 3 doses of correctly dosed beta-2 agonist given in first hour.
(Unless documented that patient clear after < 3 doses.)
- Corticosteroids given before, during or just after second beta-2 agonist treatment
Improvement in clinical status at D/C

3) DISPOSITION:

3a) Clearly defined therapeutic treatment plan

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Medication
Frequency

3b) Plan includes corticosteroids in ED or with discharge (NA if adequate response to 1 nebulizer treatment)

NA (if admitted) 3c)

Written follow-up instructions given

_____ Return ED/F/U PMD

_____ Education: smoking/triggers