



DATE: _____

ARRIVAL TIME: _____

Provider Called: _____ Time Seen: _____

AGE _____ M / F

HISTORIAN- ___ patient ___ spouse ___ paramedics ___ parent

HX/ EXAM LIMITED BY: _____

CHIEF COMPLAINT: dyspnea hx. of asthma
hx. of CHF

STARTED:

_____	_____ continues in E.D.
_____	_____ gone now
_____	_____ better
_____	_____ intermittent
_____	_____ worse

Current / associated symptoms:

trouble breathing _____

- wheezing exertional at rest orthopnea
- mild moderate severe

cough _____

- sputum: bloody blood streaked _____
- non-productive (dry)
- chest tightness / pain _____

Current asthma therapy:

none _____ see nurses notes

◆ inhaled _____ ◆ oral _____

albuterol _____ prednisone _____

inhaler _____ or prednisolone _____

rotacaps _____ PRN take brief course _____

nebulizer _____ tapering maintenance _____

steroid inhaler _____ current mg / day: _____

atrovent _____ theophylline _____

primatene (OTC) _____

other _____

Similar symptoms previously _____

Nurses Signature: _____

**EMERGENCY ROOM FLOW SHEET
WHEEZING / ASTHMA**

NAME: _____ MR# _____

ADDRESS: _____

S.S # _____ DOB: _____

_____ Recently seen / treated by Provider _____

ENT

_____ Sore throat _____

_____ runny nose _____

GENERAL

_____ fever _____

_____ subjective / to _____ °F

_____ chill _____

_____ muscle aches _____

NEURO

_____ headache _____

CVS

_____ heart racing _____

_____ calf pain _____

_____ ankle swelling _____

GI

_____ nausea _____

_____ vomiting _____

_____ abdominal pain _____

GU

_____ problems urinating _____

SKIN & LYMPH & MS

_____ skin rash / swelling _____

_____ joint pain _____

all systems neg. except as marked

PAST HISTORY _____ negative

asthma _____

frequent / occasional attacks _____

previously intubated / admitted _____

measures home peak flows _____

Usual: _____

Most recent: _____

heart disease _____

*CHF CAD angina MI _____

other problems _____

*=PE Risk Factors

emphysema _____

bronchitis _____

acute chronic _____

diabetes insulin / oral / diet _____

*high blood pressure _____

*DVT / pulmonary embolus _____

*other risk factors for PE _____

Other Medications

none _____ see nurses notes

ASA _____ NSAID _____ Tylenol _____

*BCP's _____

Allergies _____ NKDA

_____ see nurses notes

SOCIAL HX _____ *smoker _____ drugs _____

alcohol (recent / heavy / occasional) _____

FAMILY HX _____ emphysema _____ asthma _____ CAD _____

