

Institution: _____ **Encounter Form: Asthma/Bronchospasm**

Name: _____ CDCR# _____ DOB _____ Date/Time _____

Fill in the blanks and check all that apply

SUBJECTIVE:

- Chief complaint (document in the patient's own words): _____
- Date and time of onset: _____
- The patient describes any of the following symptoms:
 - Shortness of breath
 - Cough (describe sputum if present): _____
 - Wheezing
 - Air hunger
 - Dyspnea
 - Chest tightness
 - Sleep disruption
 - Activity restrictions due to recent onset of symptoms
- History of asthma
- History of sensitivity to dust, pollen, mold, animal dander, grass, insecticides, etc.
- History of recent respiratory infection
- Smoker
- Allergies: _____
- Current medications (including metered-dose inhalers (MDIs), frequency of use and last dose taken): _____
- What the patient has already done to treat the exacerbation and the patient's response to the treatment: _____
- What the patient thinks triggered the exacerbation: _____

OBJECTIVE:

- Vital signs
- Assess level of consciousness
- Observe the patient for the following:
 - Dyspnea
 - Restlessness
 - Retractions
 - Nasal flaring
 - Use of accessory muscles
 - Too breathless to speak in sentences
 - Diaphoresis
 - Cyanosis
- Assess breath sounds bilaterally (clear, wheezes, crackles, diminished, absent).
- Obtain peak expiratory flow (PEF) rate.
- Obtain pulse oximetry reading (required).

ASSESSMENT:

- Ineffective breathing pattern related to/evidenced by: _____
- Impaired gas exchange related to/evidenced by: _____
- Ineffective airway clearance related to/evidenced by: _____

PLAN:

MILD TO MODERATE BRONCHOSPASM

- Maintain patent airway.
- Place on pulse oximeter and administer supplemental oxygen at 2-6L/minute via nasal cannula to maintain oxygen saturation above 92%.
- Administer Levalbuterol Inhaler 45mcg/puff, 2-6 puffs by MDI every 20 minutes x 3 doses and administer Prednisone 40-60mg PO x 1.
- Reassess response every 20 minutes for the first hour.
- If incomplete response, defined as: PEF 50-79%, do one of the following:
 - Levalbuterol Inhaler 45mcg/puff, 2-6 puffs by MDI every 20 minutes x 3 doses. Reassess response in 20-60 minutes. If no improvement proceed to "Severe Bronchospasm" protocol below.

OR

- Premixed albuterol 2.5 mg/ipratropium 0.5 mg nebulizer solution via nebulizer every 20 minutes x 3 doses. Reassess response in 20-60 minutes. If no improvement proceed to "Severe Bronchospasm" protocol below.

SEVERE BRONCHOSPASM - PEAK EXPIRATORY FLOW RATE < 200 L/MINUTE OR IF IN SEVERE RESPIRATORY DISTRESS

- Transport to Emergency Treatment Area and notify physician **STAT**.
- Place on pulse oximeter and administer supplemental oxygen at 2-6L/minute via nasal cannula or 15L/minute by mask to maintain oxygen saturation above 92%.
- Monitor cardiac rate and rhythm with EKG machine or cardiac monitor.
- Administer Prednisone 40-60mg PO x1 immediately.
- Administer premixed albuterol 2.5mg/ipratropium 0.5 mg nebulizer solution via nebulizer every 20 minutes.
- Insert intravenous line and infuse Sodium Chloride Intravenous Solution (0.9%). Adjust infusion rate to keep systolic blood pressure >90mm Hg.
- Monitor and record vital signs, breath sounds, oxygen saturation, obtain PEF readings as tolerated, and level of consciousness at least every 20 minutes for the first hour.

Signature / Title

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- Prepare to transfer the patient to an outside facility or admit to a facility capable of providing a higher level of care.
- Fax a copy of the relevant progress notes, physician orders, and emergency care flow sheet to receiving facility.

EDUCATION:

- Assess the patient's potential for understanding the health information to be provided.
- Provide patient education consistent with the assessment of the condition.
- Evaluate the patient's level of understanding and document all patient education in the health record.
- Refer the patient to other resources as needed. Document all referrals in the health record.
- Advise the patient to utilize the urgent/emergent process to access medical care or resubmit a CDC 7362, Health Care Service Request Form, if symptoms reoccur or condition deteriorates:

List name(s) of RN Protocol used: _____

DISPOSITION

Time released: _____

Condition on release: _____

- Returned to housing unit
- Housing reassignment to: _____
- Referred for follow-up
 - Physician clinic RN clinic
- Referred to higher level of care: (specify) _____

Person/time contacted: _____

Time/Mode of transfer: _____

ERV contacted (time) _____

ERV arrived (time) _____

Additional comments: _____

Signature / Title

1. Disability Code: <input type="checkbox"/> TABE score ≤ 4.0 <input type="checkbox"/> DPH <input type="checkbox"/> DPV <input type="checkbox"/> LD <input type="checkbox"/> DPS <input type="checkbox"/> DNH <input type="checkbox"/> DNS <input type="checkbox"/> DDP <input type="checkbox"/> Not Applicable	2. Accommodation: <input type="checkbox"/> Additional time <input type="checkbox"/> Equipment <input type="checkbox"/> SLI <input type="checkbox"/> Louder <input type="checkbox"/> Slower <input type="checkbox"/> Basic <input type="checkbox"/> Transcribe <input type="checkbox"/> Other*	3. Effective Communication: <input type="checkbox"/> P/I asked questions <input type="checkbox"/> P/I summed information Please check one: <input type="checkbox"/> Not reached* <input type="checkbox"/> Reached <small>*See chrono/notes</small>
4. Comments: _____		