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| **DEPARTMENT OF HEALTH SERVICES**  Division of Public Health  F-01411 (10/2017) | **STATE OF WISCONSIN**  Asthma Care and Environmental Strategies Program |
| **EDUCATION-MEDICATION SUMMARY - PART B** | |

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| **Client ID Number** | | | | | **Enrollment Number** | | | | | | **Date of evaluation** | | | |
| **Name - Client** | | | | | | | | | | | **Date of birth (mm/dd/yyyy)** | | | **Age** |
| **ASTHMA EDUCATION PROVIDED** | | | | | | | | | | | | | | |
| **Education Provided** | | | **Participant Baseline Knowledge** | | | **Educator Reviewed** | | | **Participant Understanding, Verbalized or Demonstrated** | | | | **Comments** | |
|  | | | **Y** | **N** | | **Y** | **N** | **N/A** | **Y** | **N** | | **N/A** |  | |
| 1. Asthma Pathophysiology | | |  |  | |  |  |  |  |  | |  |  | |
| 1. Medications   2a. Quick-reliever  2b. Long-term Controller | | |  |  | |  |  |  |  |  | |  |  | |
| 1. Spacer/Chamber | | |  |  | |  |  |  |  |  | |  |  | |
| 1. Inhaler Technique | | |  |  | |  |  |  |  |  | |  |  | |
| 1. Symptoms and Early   Warning Signs | | |  |  | |  |  |  |  |  | |  |  | |
| 1. Written Asthma Action Plan | | |  |  | |  |  |  |  |  | |  |  | |
| 1. Flu Vaccine in past 12 months | | |  |  | |  |  |  |  |  | |  |  | |
| 1. Triggers   8a. Identifying Triggers  8b. Providing  Recommendations | | |  |  | |  |  |  |  |  | |  |  | |
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