

Lakeland Care  
 PROTOCOL ORDERS  
**Persistent Asthma Protocols**

<b>Diagnosis/Chief Complaint</b>	
Persistent Asthma diagnosed in patients ages 5 – 64 yrs	
<b>Lab Evaluations/Results</b>	
<b>Diagnostic Evaluation/Results</b>	
FEV or Peak Flow annually to document asthma control	
<b>Plan of Care</b>	
<p><b>SPECIAL ATTENTION:</b></p> <ol style="list-style-type: none"> <li>1. Well controlled asthma patients will be seen every 6 months for medication management review and identification of triggers. Patients with an acute exacerbation resulting in an ER visit or hospital admission will be seen in the office or have MyChart/telephonic follow-up within 1 – 3 days following discharge.</li> <li>2. The Asthma Action Plan will be reviewed and/or updated at every office visit and provided to the patient.</li> </ol>	
<b>Additional Care</b>	
<b>Approval/Signatures</b>	
<b>Physician Section Leader:</b>	<b>Date:</b>
<b>Medical Director:</b>	<b>Date:</b>

**DISTRIBUTION**

All recipients of this protocol must acknowledge their receipt and understanding of the protocol by referring any questions or problems with the protocol within ten days of the issue date to their immediate supervisor. If no questions or problems are communicated, it will be assumed that the protocol has been read and understood. All questions regarding this protocol its implementation may be referred to the Medical Director of **Practice Name**.

Original Date: 3-25-15

Reviewed Dates:

Revised Dates: