

asthma soap note

asthma soap note is a crucial documentation tool used by healthcare professionals to assess, diagnose, and manage patients with asthma. This article offers a comprehensive overview of the asthma soap note, exploring its significance in clinical practice, detailing each section, and providing practical insights for accurate and effective charting. Readers will discover the best practices for completing an asthma soap note, understand the common findings, and learn how to use this format to enhance patient care. Whether you are a medical student, clinician, or healthcare administrator, this guide will equip you with the knowledge needed to master asthma documentation, improve clinical decision-making, and support optimal outcomes for patients with respiratory conditions.

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Understanding the Asthma SOAP Note

The asthma soap note is a structured documentation format used to record patient encounters in the management of asthma. SOAP stands for Subjective, Objective, Assessment, and Plan, each representing a key aspect of clinical evaluation. This standardized method facilitates clear communication among healthcare providers and ensures continuity of care for patients with respiratory conditions. Using an asthma soap note helps clinicians track symptoms, monitor disease progression, and adjust treatment plans efficiently. It also serves as a legal record and supports accurate billing and coding for asthma-related services.

Asthma is a common chronic respiratory disorder characterized by airway inflammation, bronchoconstriction, and variable airflow obstruction. Given its episodic nature and the need for personalized management, thorough documentation via the asthma soap note enables providers to deliver high-quality, evidence-based care. The use of asthma soap notes is essential in outpatient clinics, emergency departments, and primary care settings.

Components of the Asthma SOAP Note

The asthma soap note is divided into four primary sections: Subjective, Objective, Assessment, and Plan. Each section gathers specific information to guide clinical decision-making and patient management. Proper completion of every component is crucial for comprehensive asthma care and optimal outcomes.

- **Subjective:** Patient's symptoms, history, and personal account of their condition.
- **Objective:** Measurable clinical findings and examination results.
- **Assessment:** Provider's clinical judgment and diagnosis.
- **Plan:** Strategy for treatment, follow-up, and patient education.

Understanding the structure and purpose of each section ensures that the asthma soap note remains an effective tool for documentation and communication.

Subjective Section: Patient's Perspective

History of Present Illness (HPI)

The subjective section of the asthma soap note focuses on the patient's account of their symptoms and current condition. Common complaints include shortness of breath, wheezing, chest tightness, cough, and activity limitation. Details about symptom onset, duration, frequency, severity, and triggers are essential. Patients may describe exposure to allergens, recent respiratory infections, or changes in medication adherence.

Past Medical and Family History

Documentation of previous asthma episodes, hospitalizations, intubations, and comorbidities such as allergies or eczema is important. Family history of asthma or other atopic conditions can provide insight into genetic predisposition.

Medication and Allergy History

Recording current asthma medications, including inhalers, oral corticosteroids, and rescue treatments, allows for assessment of therapeutic effectiveness. Any reported medication allergies or adverse reactions should be noted to prevent complications.

Impact on Daily Living

The asthma soap note should capture how asthma affects the patient's daily activities, sleep, school or work attendance, and quality of life. Patient-reported outcomes help tailor management to individual needs.

Objective Section: Clinical Findings

Physical Examination

The objective section includes measurable findings from the provider's examination. Key elements for asthma include respiratory rate, oxygen saturation, and auscultation of the lungs for wheezing, crackles, or diminished breath sounds. The presence of accessory muscle use or cyanosis may indicate severe disease.

Pulmonary Function Testing

Spirometry, peak expiratory flow rate (PEFR), and forced expiratory volume (FEV1) are used to assess airflow limitation. Comparison with previous values determines disease control and response to therapy.

Laboratory and Imaging Studies

Although not always necessary, laboratory tests such as arterial blood gases or chest X-rays may be ordered to rule out complications or alternative diagnoses. These findings should be included in the objective section when

applicable.

- Vital signs (temperature, pulse, blood pressure, respiratory rate)
- Oxygen saturation
- Physical exam findings (wheezing, accessory muscle use, cyanosis)
- Pulmonary function test results
- Relevant laboratory and imaging studies

Assessment Section: Clinical Impressions

Diagnosis and Severity

This section of the asthma soap note contains the provider's impression based on subjective and objective findings. The diagnosis of asthma is confirmed, and severity is classified (intermittent, mild persistent, moderate persistent, or severe persistent) according to established guidelines.

Differential Diagnosis

Clinicians may also list alternative or concurrent diagnoses, such as upper respiratory infections, chronic obstructive pulmonary disease (COPD), or cardiac conditions, especially if symptoms overlap.

Response to Treatment

The assessment should note the patient's response to recent interventions, such as inhaled bronchodilators or corticosteroids, and any improvement or worsening of symptoms.

Plan Section: Management Strategies

Pharmacological Treatment

The plan outlines recommended medications, including short-acting beta-

agonists (SABA), inhaled corticosteroids, long-acting beta-agonists (LABA), leukotriene modifiers, and others as appropriate. Dosage, frequency, and administration instructions are specified.

Non-Pharmacological Interventions

Environmental control measures, such as allergen avoidance and smoking cessation, are integral to asthma management. Education regarding trigger identification and asthma action plans should be documented.

Follow-Up and Referral

The asthma soap note must include plans for follow-up appointments, monitoring strategies, and referrals to specialists if needed. Emergency warning signs and instructions for seeking urgent care should be provided.

1. Initiate or adjust asthma medications as indicated.
2. Educate patient on inhaler use and asthma triggers.
3. Implement environmental control strategies.
4. Schedule follow-up for asthma control assessment.
5. Refer to pulmonology for severe or refractory cases.

Common Asthma SOAP Note Findings

Typical Subjective Complaints

Patients with asthma commonly report episodic shortness of breath, nocturnal coughing, and chest tightness, especially following exposure to triggers such as pollen, dust, or exercise. Symptom patterns, including frequency and duration, are crucial for severity assessment.

Objective Exam Features

Physical exam often reveals expiratory wheezing, increased respiratory rate, and use of accessory muscles. Pulmonary function tests may demonstrate

reduced peak flow or FEV1. Oxygen saturation is typically normal in mild cases, but may decrease during exacerbations.

Assessment and Plan Trends

Most asthma soap notes reflect stable asthma with routine medication management and trigger avoidance. Acute exacerbations are addressed with short-term escalation of therapy and close follow-up. Documentation of asthma action plans and patient education is increasingly emphasized.

Sample Asthma SOAP Note

Below is a sample asthma soap note illustrating thorough documentation:

- **Subjective:** Patient reports increased wheezing, cough, and shortness of breath over the past three days. Denies chest pain or fever. Symptoms worsen with exercise and exposure to dust. Admitted missing doses of controller inhaler last week.
- **Objective:** Respiratory rate 22, oxygen saturation 96% on room air. Expiratory wheezing heard bilaterally. Peak flow 350 L/min (baseline 420 L/min). No cyanosis or accessory muscle use.
- **Assessment:** Asthma exacerbation, mild severity. Poor medication adherence likely contributing factor. No evidence of infection.
- **Plan:** Resume controller inhaler as prescribed. Short-acting bronchodilator every 4–6 hours as needed. Review inhaler technique and provide asthma action plan. Re-evaluate in one week.

Best Practices for Asthma SOAP Note Documentation

Completeness and Clarity

Asthma soap notes should be complete, clear, and specific. Include all relevant subjective complaints, objective findings, and clinical reasoning. Avoid vague descriptions and ensure that each section is properly addressed.

Use of Standardized Terminology

Employ recognized asthma classification systems, such as the National Asthma Education and Prevention Program (NAEPP) guidelines, for severity assessment. Utilize medical terminology consistently to support accurate diagnosis and billing.

Patient-Centered Documentation

Incorporate patient preferences, individual barriers to care, and unique triggers in the asthma soap note. Personalizing documentation enhances patient engagement and compliance.

Legal and Ethical Considerations

Ensure all entries are dated, signed, and compliant with institutional and regulatory requirements. Maintain patient confidentiality and avoid unsubstantiated statements.

- Be concise but thorough in each section.
- Document medication changes and rationale.
- Always include patient education and follow-up plans.
- Update asthma action plans regularly.
- Review previous notes for continuity.

Trending Questions and Answers about Asthma SOAP Note

Q: What is an asthma soap note and why is it important?

A: An asthma soap note is a structured clinical documentation tool capturing subjective symptoms, objective findings, assessment, and management plan for asthma patients. It is important for guiding patient care, facilitating communication, and ensuring proper follow-up.

Q: What should be included in the subjective section of an asthma soap note?

A: The subjective section should include the patient's description of symptoms, history of present illness, triggers, impact on daily life, medication adherence, and relevant past medical and family history.

Q: How do clinicians assess asthma severity in the SOAP note?

A: Clinicians use symptom frequency, pulmonary function tests, and physical exam findings to classify asthma severity as intermittent, mild persistent, moderate persistent, or severe persistent within the assessment section.

Q: What are common objective findings in asthma soap notes?

A: Common objective findings include increased respiratory rate, expiratory wheezing, reduced peak flow or FEV1, normal or decreased oxygen saturation, and absence or presence of accessory muscle use or cyanosis.

Q: How should the plan section of an asthma soap note be documented?

A: The plan should outline medication regimens, dosage and frequency, patient education, environmental control measures, follow-up arrangements, and referrals to specialists if necessary.

Q: Why is medication adherence documented in asthma soap notes?

A: Documenting medication adherence helps identify causes of poor asthma control, guides adjustments to treatment, and supports patient education to prevent future exacerbations.

Q: What legal considerations apply to asthma soap note documentation?

A: Asthma soap notes must be accurate, dated, signed, and comply with patient privacy regulations and institutional guidelines to serve as a valid medical record.

Q: Can asthma soap notes be used for billing and coding?

A: Yes, detailed asthma soap notes provide the necessary documentation for correct billing and coding, supporting reimbursement for asthma-related healthcare services.

Q: How do asthma soap notes support continuity of care?

A: Asthma soap notes facilitate communication between healthcare providers, allowing for seamless transition of care and ongoing management based on documented findings and plans.

Q: What are best practices for writing an effective asthma soap note?

A: Best practices include thorough and clear documentation, use of standardized terminology, inclusion of patient-centered details, regular updates to asthma action plans, and attention to legal requirements.

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Asthma Soap Note: A Comprehensive Guide for Healthcare Professionals

Introduction:

Navigating the complexities of documenting patient encounters, especially for chronic conditions like asthma, can be challenging. A well-written asthma soap note is crucial for effective communication, continuity of care, and legal protection. This comprehensive guide provides healthcare professionals with a structured approach to creating thorough and accurate asthma soap notes, covering key components and best practices to ensure optimal patient management and documentation. We'll delve into each section of the SOAP note (Subjective, Objective, Assessment, Plan) specifically tailored to asthma cases, offering examples and tips to enhance your documentation skills. This guide will equip you to write clear, concise, and legally sound asthma

soap notes that contribute to improved patient outcomes.

H2: Understanding the SOAP Note Structure

Before diving into the specifics of asthma documentation, let's review the fundamental structure of a SOAP note:

S - Subjective: This section captures the patient's own description of their symptoms, medical history, and concerns. It's crucial to record their words as accurately as possible using direct quotes when appropriate.

O - Objective: This section presents measurable and verifiable findings from the physical exam, diagnostic tests, and vital signs. It relies on quantifiable data and avoids subjective interpretation.

A - Assessment: This section provides your professional diagnosis and interpretation of the subjective and objective data. This is where you state the patient's current asthma status, severity, and any complications.

P - Plan: This section outlines your proposed treatment plan, including medications, referrals, follow-up appointments, patient education, and any necessary adjustments to the existing treatment regimen.

H2: The Subjective (S) Section of an Asthma Soap Note

The subjective section is where the patient's perspective takes center stage. Here's what you should include:

Chief Complaint: Start with the patient's primary reason for the visit. Examples: "Increased shortness of breath," "worsening cough," "wheezing at night."

History of Present Illness (HPI): This is a detailed chronological account of the patient's symptoms, including onset, duration, frequency, severity, and any associated factors (e.g., triggers like allergens, exercise, infections). Use the OLD CART mnemonic (Onset, Location, Duration, Character, Aggravating factors, Relieving factors, Timing) to guide your questioning and documentation.

Past Medical History: Document relevant past medical conditions, surgeries, allergies, and medications, particularly focusing on previous asthma exacerbations and treatments.

Social History: Include factors that might influence asthma management, such as smoking status, occupational exposures, pet ownership, environmental factors, and adherence to medication.

Family History: Note any family history of asthma or other respiratory illnesses.

H3: Example of a Subjective Section:

"Patient reports increased shortness of breath (SOB) and cough for the past three days. States 'I've been coughing so much I can barely sleep.' Cough is productive with white sputum. Denies fever or chest pain. Reports increased wheezing, especially at night. Symptoms are worse after playing with her dog. Patient denies recent upper respiratory infection. Has a history of well-controlled asthma. Currently taking Albuterol inhaler PRN and Fluticasone/Salmeterol inhaler daily."

H2: The Objective (O) Section of an Asthma Soap Note

This section focuses on quantifiable data obtained during the physical examination and diagnostic testing:

Vital Signs: Record the patient's temperature, heart rate, respiratory rate, blood pressure, and oxygen saturation (SpO₂). Note any abnormalities.

Physical Examination: Document findings from your respiratory exam, including lung sounds (wheezes, rhonchi, crackles), breath sounds, respiratory effort, and use of accessory muscles. Note any other relevant findings.

Laboratory Results: Include results of any relevant lab tests, such as pulmonary function tests (PFTs) – including FEV₁, FVC, PEFR, and blood gas analysis.

Imaging Studies: Document findings from any imaging studies, such as chest X-rays.

H3: Example of an Objective Section:

"VS: T 98.6°F, HR 100 bpm, RR 24 breaths/min, BP 120/80 mmHg, SpO₂ 94% on room air. PE: Lung sounds reveal diffuse wheezes bilaterally. Respiratory effort increased. No cyanosis noted. PFTs pending."

H2: The Assessment (A) Section of an Asthma Soap Note

In this section, you synthesize the subjective and objective data to arrive at a diagnosis and assess the severity of the asthma.

Asthma Severity: Clearly state the patient's current asthma severity (mild intermittent, mild persistent, moderate persistent, severe persistent) based on established guidelines.

Diagnosis: Provide a concise diagnosis, such as "Asthma exacerbation" or "Well-controlled asthma."

Differential Diagnoses: If applicable, list other possible diagnoses that were considered and ruled out.

H3: Example of an Assessment Section:

"Assessment: Moderate persistent asthma exacerbation based on increased symptoms, increased respiratory rate, and presence of wheezes. Differential diagnoses considered and ruled out: pneumonia, acute bronchitis."

H2: The Plan (P) Section of an Asthma Soap Note

The plan section outlines your proposed treatment strategy:

Medication Adjustments: Detail any changes to the patient's current asthma medication regimen, including dosage increases, addition of new medications, or changes in inhaler technique.

Treatment Recommendations: Outline specific treatments, such as short-acting beta-agonists (SABAs), inhaled corticosteroids (ICS), long-acting beta-agonists (LABAs), or other medications.

Referral: If necessary, document any referrals to specialists (e.g., pulmonologist, allergist).

Follow-up: Specify the plan for follow-up appointments and monitoring.

Patient Education: Note any patient education provided regarding medication use, triggers, and self-management strategies.

H3: Example of a Plan Section:

"Plan: Increase Albuterol inhaler to every 4 hours PRN for wheezing. Continue Fluticasone/Salmeterol daily. Schedule follow-up appointment in one week. Educate patient on proper inhaler technique and avoidance of known triggers (dog dander). Consider referral to pulmonologist if symptoms do not improve."

Conclusion:

Crafting a comprehensive asthma soap note is an essential skill for healthcare professionals. By following the structured approach outlined in this guide and adhering to best practices, you can ensure accurate and effective documentation, facilitating optimal patient care and legal protection. Remember to always prioritize clarity, completeness, and accuracy in your documentation.

FAQs:

1. What if I'm unsure about the asthma severity? Consult established asthma guidelines and consider obtaining further diagnostic tests (e.g., PFTs) to aid in accurate assessment.
2. How often should I update the asthma soap note? Update the note at each patient encounter, especially during exacerbations or significant changes in the patient's condition.
3. Can I use abbreviations in my asthma soap note? Use only standardized abbreviations to avoid misinterpretations. Always ensure clarity and avoid ambiguous terms.
4. What legal implications are there for poorly written soap notes? Inaccurate or incomplete documentation can have significant legal repercussions, potentially leading to malpractice claims.
5. Where can I find more resources on asthma management and documentation? Consult reputable medical organizations such as the American Lung Association or the American Academy of Allergy, Asthma & Immunology for updated guidelines and resources.

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and advocates of the field. I am confident that it will serve as an inspiration for many CHW training programs. Yvonne Lacey, CHW, former coordinator, Black Infant Health Program, City of Berkeley Health Department; former chair, CHW Special Interest Group for the APHA. This book masterfully integrates the knowledge, skills, and abilities required of a CHW through storytelling and real life case examples. This simple and elegant approach brings to life the intricacies of the work and espouses the spirit of the role that is so critical to eliminating disparities a true model educational approach to emulate. Gayle Tang, MSN, RN., director, National Linguistic and Cultural Programs, National Diversity, Kaiser Permanente Finally, we have a competency-based textbook for community health worker education well informed by seasoned CHWs themselves as well as expert contributors. Donald E. Proulx, CHW National Education Collaborative, University of Arizona

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asthma soap note: Pocket Book of Hospital Care for Children World Health Organization, 2013 The Pocket Book is for use by doctors nurses and other health workers who are responsible for the care of young children at the first level referral hospitals. This second edition is based on evidence from several WHO updated and published clinical guidelines. It is for use in both inpatient and outpatient care in small hospitals with basic laboratory facilities and essential medicines. In some settings these guidelines can be used in any facilities where sick children are admitted for inpatient care. The Pocket Book is one of a series of documents and tools that support the Integrated Managem.

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asthma soap note: Lifestyle Modifications in Pharmacotherapy Thomas L. Lenz, 2008 This innovative text equips pharmacists and pharmacy students with the skills to assist patients in managing existing conditions and controlling the development of preventable disorders. The text demonstrates how important lifestyle modification strategies—including nutrition, physical activity, weight control, and smoking cessation—can be used in a pharmacy setting to improve patients' well-being. Case studies show how lifestyle modifications can positively impact patients with chronic diseases. Chapters explain how lifestyle modification strategies might be different for children, adolescents, older adults, women, and minorities. The book includes detailed instructions for writing wellness plans for patients who have, or are at risk for, certain chronic diseases.

asthma soap note: SOAP for the Rotations Peter S. Uzelac, 2019-07-11 Ideal for medical students, PAs and NPs, this pocket-sized quick reference helps students hone the clinical reasoning and documentation skills needed for effective practice in internal medicine, pediatrics, OB/GYN, surgery, emergency medicine, and psychiatry. This updated edition offers step-by-step guidance on how to properly document patient care as it addresses the most common clinical problems encountered on the wards and clinics. Emphasizing the patient's clinical problem, not the diagnosis, the book's at-a-glance, two-page layout uses the familiar SOAP note format.

asthma soap note: *Textbook of Therapeutics* Richard A. Helms, David J. Quan, 2006 The contributors to this volume deliver information on latest drug treatments and therapeutic approaches for a wide range of diseases and conditions. Coverage includes discussion of racial, ethnic, and gender differences in response to drugs and to biotechnical, pediatric and neonatal therapies.

asthma soap note: Health Information Technology - E-Book Nadinia A. Davis, Melissa LaCour, 2014-03-27 Reflecting emerging trends in today's health information management, Health Information Technology, 3rd Edition covers everything from electronic health records and collecting healthcare data to coding and compliance. It prepares you for a role as a Registered Health Information Technician, one in which you not only file and keep accurate records but serve as a healthcare analyst who translates data into useful, quality information that can control costs and further research. This edition includes new full-color illustrations and easy access to definitions of daunting terms and acronyms. Written by expert educators Nadinia Davis and Melissa LaCour, this book also offers invaluable preparation for the HIT certification exam. Workbook exercises in the book help you review and apply key concepts immediately after you've studied the core topics. Clear writing style and easy reading level makes reading and studying more time-efficient. Chapter learning objectives help you prepare for the credentialing exam by corresponding to the American Health Information Management Association's (AHIMA) domains and subdomains of the Health Information Technology (HIT) curriculum. A separate Confidentiality and Compliance chapter covers HIPAA privacy regulations. Job descriptions in every chapter offer a broad view of the field and show career options following graduation and certification. Student resources on the Evolve companion website include sample paper forms and provide an interactive learning environment. NEW! Full-color illustrations aid comprehension and help you visualize concepts. UPDATED information accurately depicts today's technology, including records processing in the EHR and hybrid environments, digital storage concerns, information systems implementation, and security issues, including HITECH's impact on HIPAA regulations. NEW! Glossary terms and definitions plus acronyms/abbreviations in the margins provide easy access to definitions of key vocabulary and confusing abbreviations. NEW! Go Tos in the margins cross-reference the textbook by specific chapters. NEW Coding boxes in the margins provide examples of common code sets. Over 100 NEW vocabulary terms and definitions ensure that the material is current and comprehensive. NEW Patient Care Perspective and Career Tips at the end of chapters include examples of important HIM activities in patient care and customer service.

asthma soap note: Fundamental Skills for Patient Care in Pharmacy Practice Colleen Doherty Lauster, Sneha Baxi Srivastava, 2013-03-25 Fundamental Skills for Patient Care in Pharmacy Practice enables students and new pharmacists to master the skills associated with clinical care in either the inpatient or outpatient setting. In accessible steps, this valuable resource provides the tools for gaining medication histories from patients and counseling them on the most effective and safe manner to take medications. Each chapter explores the background and practice of a critical skill, tools that aid in its development and mastery, and tips for success. Students and pharmacists will come away with the knowledge to identify drug-related problems and formulate plans for solutions to these problems. Fundamental Skills for Patient Care in Pharmacy Practice prepares future pharmacists to communicate effectively in verbal and written formats with health professionals and special patient populations as they prepare and present SOAP notes, patient cases, and discharge counseling.

asthma soap note: Guide to Clinical Documentation Debra Sullivan, 2011-12-22 Develop the skills you need to effectively and efficiently document patient care for children and adults in clinical and hospital settings. This handy guide uses sample notes, writing exercises, and EMR activities to make each concept crystal clear, including how to document history and physical exams and write SOAP notes and prescriptions.

asthma soap note: Respiratory Care: Patient Assessment and Care Plan Development David C. Shelledy, Jay I. Peters, 2021-02-08 Respiratory Care: Patient Assessment and Care Plan

Development, Second Edition describes the purpose of patient assessment and then guides the reader through the process of reviewing existing data in the medical record

asthma soap note: *Occupational Asthma, An Issue of Immunology and Allergy Clinics* David I. Bernstein, 2011-08-28 This issue of Immunology and Allergy Clinics of North America brings the clinician up to date on essential topics in occupational asthma. Articles cover definition; classification; epidemiology; old and new causes; pathogenesis and disease mechanisms; clinical assessment including differential diagnosis; and management of work-related asthma and related conditions. Other subject matter includes occupational rhinitis; irritant-induced asthma and reactive airways dysfunction; hypersensitivity pneumonitis and related conditions; and evaluation of impairment and disability.

asthma soap note: Document Smart Theresa Capriotti, 2019-06-26 Feeling unsure about documenting patient care? Learn to document with skill and ease, with the freshly updated Document Smart, 4th Edition. This unique, easy-to-use resource is a must-have for every student and new nurse, offering more than 300 alpha-organized topics that demonstrate the latest nursing, medical and government best practices for documenting a wide variety of patient conditions and scenarios. Whether you are assessing data, creating effective patient goals, choosing optimal interventions or evaluating treatment, this is your road map to documentation confidence and clarity.

asthma soap note: *Finding a Path to Safety in Food Allergy* National Academies of Sciences, Engineering, and Medicine, Health and Medicine Division, Food and Nutrition Board, Committee on Food Allergies: Global Burden, Causes, Treatment, Prevention, and Public Policy, 2017-05-27 Over the past 20 years, public concerns have grown in response to the apparent rising prevalence of food allergy and related atopic conditions, such as eczema. Although evidence on the true prevalence of food allergy is complicated by insufficient or inconsistent data and studies with variable methodologies, many health care experts who care for patients agree that a real increase in food allergy has occurred and that it is unlikely to be due simply to an increase in awareness and better tools for diagnosis. Many stakeholders are concerned about these increases, including the general public, policy makers, regulatory agencies, the food industry, scientists, clinicians, and especially families of children and young people suffering from food allergy. At the present time, however, despite a mounting body of data on the prevalence, health consequences, and associated costs of food allergy, this chronic disease has not garnered the level of societal attention that it warrants. Moreover, for patients and families at risk, recommendations and guidelines have not been clear about preventing exposure or the onset of reactions or for managing this disease. *Finding a Path to Safety in Food Allergy* examines critical issues related to food allergy, including the prevalence and severity of food allergy and its impact on affected individuals, families, and communities; and current understanding of food allergy as a disease, and in diagnostics, treatments, prevention, and public policy. This report seeks to: clarify the nature of the disease, its causes, and its current management; highlight gaps in knowledge; encourage the implementation of management tools at many levels and among many stakeholders; and delineate a roadmap to safety for those who have, or are at risk of developing, food allergy, as well as for others in society who are responsible for public health.

asthma soap note: Writing Patient/Client Notes Ginge Kettenbach, Sarah Lynn Schlomer, Jill Fitzgerald, 2016-05-11 Develop all of the skills you need to write clear, concise, and defensible patient/client care notes using a variety of tools, including SOAP notes. This is the ideal resource for any health care professional needing to learn or improve their skills—with simple, straight forward explanations of the hows and whys of documentation. It also keeps pace with the changes in Physical Therapy practice today, emphasizing the Patient/Client Management and WHO's ICF model.

asthma soap note: *Notes on New Remedies* , 1892

asthma soap note: *CDC Yellow Book 2018: Health Information for International Travel* Centers for Disease Control and Prevention CDC, 2017-04-17 THE ESSENTIAL WORK IN TRAVEL MEDICINE -- NOW COMPLETELY UPDATED FOR 2018 As unprecedented numbers of travelers

cross international borders each day, the need for up-to-date, practical information about the health challenges posed by travel has never been greater. For both international travelers and the health professionals who care for them, the CDC Yellow Book 2018: Health Information for International Travel is the definitive guide to staying safe and healthy anywhere in the world. The fully revised and updated 2018 edition codifies the U.S. government's most current health guidelines and information for international travelers, including pretravel vaccine recommendations, destination-specific health advice, and easy-to-reference maps, tables, and charts. The 2018 Yellow Book also addresses the needs of specific types of travelers, with dedicated sections on: · Precautions for pregnant travelers, immunocompromised travelers, and travelers with disabilities · Special considerations for newly arrived adoptees, immigrants, and refugees · Practical tips for last-minute or resource-limited travelers · Advice for air crews, humanitarian workers, missionaries, and others who provide care and support overseas Authored by a team of the world's most esteemed travel medicine experts, the Yellow Book is an essential resource for travelers -- and the clinicians overseeing their care -- at home and abroad.

asthma soap note: Natural Ventilation for Infection Control in Health-care Settings Y. Chartier, C. L. Pessoa-Silva, 2009 This guideline defines ventilation and then natural ventilation. It explores the design requirements for natural ventilation in the context of infection control, describing the basic principles of design, construction, operation and maintenance for an effective natural ventilation system to control infection in health-care settings.

asthma soap note: Guide to Clinical Documentation Debra D Sullivan, 2018-07-25 Understand the when, why, and how! Here's your guide to developing the skills you need to master the increasing complex challenges of documenting patient care. Step by step, a straightforward 'how-to' approach teaches you how to write SOAP notes, document patient care in office and hospital settings, and write prescriptions. You'll find a wealth of examples, exercises, and instructions that make every point clear and easy to understand.

asthma soap note: Clinical Skills for Pharmacists Karen J. Tietze, 2011-03-17 Covering the skills needed for pharmaceutical care in a patient-centered pharmacy setting, Clinical Skills for Pharmacists: A Patient-Focused Approach, 3rd Edition describes fundamental skills such as communication, physical assessment, and laboratory and diagnostic information, as well as patient case presentation, therapeutic planning, and monitoring of drug intake. Numerous case examples show how skills are applied in clinical situations. Now in full color, this edition adds more illustrations and new coverage on taking a medication history, physical assessment, biomarkers, and drug information. Expert author Karen J. Tietze provides unique, pharmacy-specific coverage that helps you prepare for the NAPLEX and feel confident during patient encounters. - Coverage of clinical skills prepares you to be more involved with patients and for greater physical assessment and counselling responsibilities, with discussions of communication, taking a medical history, physical assessment, reviewing lab and diagnostic tests, and monitoring drug therapies. - A logical organization promotes skill building, with the development of each new skill building upon prior skills. - Learning objectives at the beginning of each chapter highlight important topics. - Self-assessment questions at the end of each chapter help in measuring your comprehension of learning objectives. - Professional codes of ethics are described in the Ethics in Pharmacy and Health Care chapter, including confidentiality, HIPAA, research ethics, ethics and the promotion of drugs, and the use of advance directives in end-of-life decisions. - Numerous tables summarize key and routinely needed information. - Downloadable, customizable forms on the companion Evolve website make it easier to perform tasks such as monitoring drug intake and for power of attorney.

asthma soap note: Clinical Decision Making for Adult-Gerontology Primary Care Nurse Practitioners Thanavaro, Karen S. Moore, 2016-03-15 « Clinical Decision Making for Adult-Gerontology Primary Care Nurse Practitioners provides a systematic approach to clinical decision making for a wide variety of commonly encountered primary care issues in adult and geriatric practice. Unlike other textbooks, it details a progressive approach to handling such issues by focusing on the complete visit from history intake through management and follow-up care. The

goal of this text is to enable students to learn a systematic approach to clinical problems and use evidence-based guidelines to direct their management decisions. Designed for both the student and the newly practicing NP, this text serves as a guide to increase the practitioner's confidence with the application of assessment skills, diagnostic choices, and management approaches. Throughout the text students will find guidelines for the adult-gerontology nurse practitioner role as well as a real-life case studies that demonstrate what an NP may encounter in the clinical practice environment. The text is written at an application level, employs up-to-date evidence-based literature, and features practice questions-all of which make this a strong resource for certification preparation. »--

asthma soap note: *Documentation Basics* Mia L. Erickson, Becky McKnight, 2005 Complete and accurate documentation is one of the most important skills for a physical therapist assistant to develop and use effectively. Necessary for both students and clinicians, *Documentation Basics: A Guide for the Physical Therapist Assistant* will teach and explain physical therapy documentation from A to Z. *Documentation Basics: A Guide for the Physical Therapist Assistant* covers all of the fundamentals for prospective physical therapist assistants preparing to work in the clinic or clinicians looking to refine and update their skills. Mia Erickson and Becky McKnight have also integrated throughout the text the APTA's Guide to PT Practice to provide up-to-date information on the topics integral for proper documentation. What's Inside: Overview of documentation Types of documentation Guidelines for documenting Overview of the PTA's role in patient/client management, from the patient's point of entry to discharge How to write progress notes How to use the PT's initial examinations, evaluations, and plan of care when writing progress notes Legal matters related to documentation Reimbursement basics and documentation requirements The text also contains a section titled SOAP Notes Across the Curriculum, or SNAC. This section provides sample scenarios and practice opportunities for PTA students that can be used in a variety of courses throughout a PTA program. These include: Goniometry Range of motion exercises Wound care Stroke Spinal cord injury Amputation Enter the physical therapy profession confidently with *Documentation Basics: A Guide for the Physical Therapist Assistant* by your side.

asthma soap note: *CRC Desk Reference for Nutrition* Carolyn D. Berdanier, 2016-04-19 Following in the tradition of its popular predecessors, the *CRC Desk Reference for Nutrition*, Third Edition explains hundreds of terms commonly used in medicine, food science, metabolism, physiology, and nutrition. Thoroughly updated and expanded to reflect major advances over the past decade, this reference lists entries alphabetically and cross-r

asthma soap note: *Cincinnati Medical Advance*, 1906

asthma soap note: *Natural Baby and Childcare* Lauren Feder, M.D., 2014-02-04 The *Essential Parents' Guide to the Best Conventional and Natural Medicines for Your Child* From feeding to healing, clothing to washing, raising children naturally can be a daunting task--unless you know how. *Natural Baby and Childcare* shows you how to complement conventional therapy with natural treatments such as homeopathic and herbal medicine; how to bathe your child without using damaging chemicals; and how to find healthy, organic food for your baby. As a physician and a mom, Dr. Lauren Feder skillfully bridges the divide between medicine and motherhood, empowering parents to personalize traditional child-rearing practices to their own child. *Natural Baby and Childcare* answers common questions such as: * Do homeopathic medicines have any side effects? * What alternatives are there to wasteful or harmful baby products, such as plastic diapers and chemical-laden diaper creams? * Can vaccines cause autism or Sudden Infant Death Syndrome? In addition to shedding light on controversial topics such as antibiotic overuse and vaccination, Dr. Feder offers a complete A to Z guide to treating common childhood conditions naturally and a handy directory of easy-to-use natural medicines and home remedies. With information for children from birth to adolescence, *Natural Baby and Childcare* is a comprehensive, intelligent, practical, and reassuring guide to raising healthy and happy children.

asthma soap note: *Environmentally Induced Illnesses* Thomas Kerns, 2012-07-24 Readers drawn to Rachel Carson's *Silent Spring*, Laurie Garrett's *The Coming Plague*, or Theo Colburn's *Our*

Stolen Future will appreciate this work by Thomas Kerns as well. The growing epidemics of chemically induced illnesses from long-term, low-dose exposure to toxicants in both developed and developing nations are being studied by serious researchers. Questions are being raised as to how societies will deal with these new problems. Kerns's book is the first to directly address the ethical dimension of managing environmental health and ubiquitous toxicants (such as solvents, pesticides, and artificial fragrances). The work includes recent medical literature on chronic health effects from exposure to toxicants and the social costs of these disorders; relevant historic and human rights documents; recommendations for public policy and legislation; and primary obstacles faced by public health advocates. College instructors and students, victims of chemical sensitivity disorders, public health workers, scientists, and policymakers who are interested in the challenge of these emerging epidemics will find Kerns's text highly informative.

asthma soap note: *Clinical Aromatherapy - E-Book* Jane Buckle, 2014-11-14 Enhance patient care with the help of aromatherapy! *Clinical Aromatherapy: Essential Oils in Healthcare* is the first and only peer-reviewed clinical aromatherapy book in the world and features a foreword by Dr. Oz. Each chapter is written by a PhD nurse with post-doctoral training in research and then peer reviewed by named experts in their field. This clinical text is the must-have resource for learning how to effectively incorporate aromatherapy into clinical practice. This new third edition takes a holistic approach as it examines key facts and topical issues in aromatherapy practice and applies them within a variety of contexts and conditions. This edition also features updated information on aromatherapy treatments, aromatherapy organizations, essential oil providers, and more to ensure you are fully equipped to provide patients with the best complementary therapy available. Expert peer-reviewed information spans the entire book. All chapters have been written by a PhD nurse with post-doctoral training in research and then peer reviewed by named experts in their field. Introduction to the principles and practice of aromatherapy covers contraindications, toxicity, safe applications, and more. Descriptions of real-world applications illustrate how aromatherapy works in various clinical specialties. Coverage of aromatherapy in psychiatric nursing provides important information on depression, psychosis, bipolar, compulsive addictive, addiction and withdrawal. In-depth clinical section deals with the management of common problems, such as infection and pain, that may frequently be encountered on the job. Examples of specific oils in specific treatments helps readers directly apply book content to everyday practice. Evidence-based content draws from thousands of references. NEW! First and only totally peer-reviewed, evidence-based, clinical aromatherapy book in the world. NEW Chapter on integrative Healthcare documenting how clinical aromatherapy has been integrated into hospitals and healthcare in USA, UK and elsewhere. NEW Chapter on the M Technique: the highly successful method of gentle structured touch pioneered by Jane Buckle that is used in hospitals worldwide. All chapters updated with substantial additional references and tables.

asthma soap note: Allergies and Asthma Michael J. Welch, 2011 *Allergies and Asthma: What Every Parent Needs to Know* is an invaluable resource for parents and caregivers trying to cope with the challenges of childhood asthma and allergies. This well-organized guide covers such topics as - Identifying allergies and asthma - Preventing attacks - Minimizing triggers and avoiding allergens - Choosing medications wisely - Explaining allergies to young children - Helping children of all ages manage symptoms - What to do if a potentially life-threatening allergic reaction or asthma attack occurs *Allergies and Asthma* now provides updated information on allergies-including the latest findings on food allergies and treatments-along with new approaches for monitoring asthma control, with expanded recommendations for children. The second edition provides new guidance on medications, new recommendations on patient education in settings beyond the physician's office, and new advice for controlling environmental factors that can cause asthma symptoms.

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