

Recurrent Respiratory (*Symptom*) Clinic

AH/AR/BA/CLD/CAR/INF/OTHERS, No: _____/yr

Date: ___/___/___

AGE OF FIRST SYMPTOM: _____ AGE AT PROFORMA : _____

DOB: _____

FULL NAME: _____

ADDRESS: _____ MOBILE: _____

OTHER CONTACT : _____

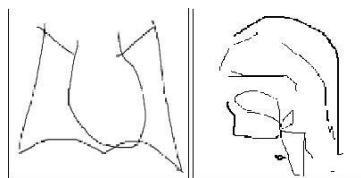
WORKING DIAGNOSIS : _____

MODIFIED DIAGNOSIS: _____

SNEEZER/stuffy		COUGHER		WHEEZER		DISTRESS SCORE		NOISY BREATHING	
RUNNY NOSE 2 WK		Cough-vomit?		EM>EN		MOUTH BREATHER 2WK		STRIDOR	
SEASONAL		PERENNIAL		EPISODIC		EXERCISE InD		NOCTURNAL	
DAY		NIGHT		ADMISSIONS		ALLERGEN			
SHINERS		CREASE		A SALUTE		OTHER ALLERGY			
RDS		MAS		HYPOCa		LT MALACIA		GERD	
TB		HIV		CHD		VENTI			
FEVER FREQUENCY	/YR	NEBULISATIONS FREQUENCY	/YR	ADMISSIONS FREQUENCY	/YR	SYMPTOM GRADE		BREATH COUNT	
HC: _____ TL/HT: _____		WEIGHT: _____		SAM: _____		SOCIOECONOMY: _____			
FAMILY HISTORY: _____									
SCHOOL		SPORTS		STUDY		SLEEP		AFFECTED? PLZ CIRCLE RELEVANT	
OTHER CLINICAL SIGNS/SYMPTOMS: PND/OTITIS, Eye, Ear, FEVERS ETC									
SPECIFIC EXAMINATION FINDINGS: RR:		Murmur:		Throat:		Wheeze:		stridor:	
Other: _____									

Scopy finding:

Hb/TC		AEC		IgE		ESR		CRP	
MT		KOCHS W/U							
XRC				XR NP/PNS					
CT *				ECHO*					
BEST PEFR		Fev1/fvc		RAST/SKIN TEST /OTHER					



MILD INTERMITTENT; MILD PERSISTANT, MODER. PERSISTANT, SEVER. PERSISTANT, ACUTE SEVERE A. COUGH VARIANT A., BRONCHIOLITIS/WARI/EARLY WHEEZER/TRANSIENT WHEEZER/PERSISTENT WHEEZER , recurrent viral fever, Rec Pneumonia SINUSITIS/BRONCHITIS/ADENOIDITIS/TONSILITIS/ FB / NASAL POLYPS/ WA-CARDIAC/ WA-GER,IMUNODEFICIENCY/ILD/CLD

UNTREATED/ TREATED/ CONTROLLED/ UNCONTROLLED

Clinical AH 1,2,3

Radiological AH 1,2,3

OTHERS:

PLAN: oral/inhalational, IEC, STEROID info, COMPLIANCE CHECK, DEFAULT CHECK, HOME MONITORING, HOME THERAPY

SYMPTOM GRADE	DAY SYMPTOMS PER WK	NIGHT SYMPTOMS PER MONTH	ACTIVITY RESTRICTION	PEFR LIMITATION
1 Kabhi kabhi	Ek ya do bar	Ek ya do bar		
2 Baar baar	Do se jyaada	Do se jyaada		
3 Prati din	Har roj (sticky days)	Har roj (sticky days)		
4 Prati raat	Har raat (sticky nights)	Har raat (sticky nights)		

VISIT EMERGENCY DEPARTMENT FOR ANY ISSUES BEYOND RRC OPD HOURS, VISIT AS ADVISED/ EVERY 3 MONTHS www.breathingdiary.com

Recurrent Respiratory Clinic

Dr Kondekar s Asthma Assessment Questionnaire for Parents

	questions	yes	No/comment
1	Do you have Family history of diagnosed asthma/allergy?		
2	Do you have family history of smoking recent or current?		
3	Do you have family history of TB in recent or current or past?		
4	Does the child get at least an episode a monthly ?		
5	Are most of the episodes with significant fever?		
6	Does each episode begin with runny nose?		
7	Does each episode begin with sneezing?		
8	Does the child have sneeze dominant nose symptoms?		
9	Does the child rub nose often, scratch eyes, ears?		
10	Does the child make funny throat sounds?		
11	Did runny nose last for more than 10 days on any occasion?		
12	Does the child keep mouth open in sleep?		
13	Does the child snore in sleep?		
14	Does the child get frequent night awakenings due to nose or throat issues?		
15	Does the child cough more than wheeze?`		
16	Does the child wheeze more than cough?		
17	Is the cough more on lying down?		
18	Is the cough more late night or early morning?		
19	Does the child vomit after cough?		
20	Does the child get breathless every month for more than 6 hours?		
21	Does the child get breathless more at late night or early morning?		
22	Does the child have cough more than wheeze or breathlessness?		
23	Does the child get more than two sleepless nights a week?		
24	Does the child have reduced appetite?		
25	Does the child have slow swallowing?		
26	Does the child have constipation or straining or skipping a day motion?		
26	Do you think that dietary items aggravate his symptoms?		
27	dust/smole/cold/diet/fumes smell etc things aggravate symptoms?		
28	Does the child get similar symptoms on change of location?		
29	Is your child gaining appropriate weight?		
30	Did your child need repeated xrays/hospitalisations?		
31	Do the symptoms interfere in speech or sports or study?		
32	Do you offer milk to your child on daily basis?		

OTA 3,5,6,11,12,13,15,17,22,24,25,26,28,30 AND IF ITS NOT OTA ITS MOST LIKELY TO BE ASTHMA.

- | | |
|---|--|
| <p>1. OTA: STRONG SUSPECT
major criteria: most likely OTA if:
most episodes come with fever</p> <p>2. there is early night sleeping time discomfort but no early morning discomfort</p> <p>3. there is obvious evidence of tonsilitis, adenoiditis, sinusitis, mouth breathing/nose block,foreign body inhalation, REFLUX</p> <p>4. there is obvious evidence of other chronic disease like heart disease, renal disease, low calcium, microcephaly or failure to thrive or significant neonatal insult or delayed milestones</p> <p>5. CT evidence of persistant patch 3 months apart, or CT evidence of specific disease</p> | <p>6. OTA- OTHER THAN ASTHMA SUSPECT : minor criteria: may be OTA if:</p> <p>a. age of onset less than 4 years</p> <p>b. first episode</p> <p>c. no family history of asthma</p> <p>d. no known allergy or sensitivity</p> <p>e. repeatedly requires antibiotics</p> <p>f. doesnt respond to asthma line therapy or symptoms despite steroid use</p> <p>g. symptoms lasting months despite therapy</p> <p>h. IgE not raised, no eosinophilia</p> <p>i. spirometry reoeatedly normal</p> <p>j. xray no hyper inflation, triangular chest shape</p> |
|---|--|

ADENOID GRADES:	1	2	3
CLINICAL	15 DAY RUNNY NOSE	15 DAY MOUTH BREATHING	ADENOID FACIES
RADIOLOGICAL	FLATTENING NP WALL	CONVEXITY	OBSTRUCTION

Recurrent Respiratory Clinic

It s difficult to plan the therapy without proper symptom frequency in last 2 weeks prior to visit plz insist diary each visit.

FOLLOW UP NOTES AND THERAPY				
DATE	NEW SYMPTOMS	CONTROL OVER LAST 2 WEEKS	STEP UP/DOWN	OTHER THERAPY/INV REQUIRED
PEFR			R: M:	
PEFR				
PEFR				
PLAN THERAPY FOR 4 WEEKS. FOLLOW UP WITH SYMPTOM DIARY FOR FIRST FEW WEEKS. RAPID STEP UP AND SLOW STEP DOWN. TEACH THE PARENTS. ONCE STEPPED UP, DON T CHANGE FOR 4/6 WEEKS. AT LEAST 3 MONTHLY F/U IF SYMPTOM FREE. IF SYMPTOMATIC INSIST FREQUENT F/U. DETAILED EVALUATIONS IF TREATMENT FAILS. CALL DR SK FOR ANY QUERIES 9869405747				
PEFR				
PEFR				
PEFR				