

Asthma IRILO Checklist

Name:

Date:

RANK:

SSN:

DAFSC:

Years Svc: < 5 Years > 5 Years ≤ 15 Years ≥ 15 Years
PFT c/w asthma: Yes (see attached) No

Methacholine Challenge: Yes, c/w asthma Yes, not c/w asthma No, not performed

Requires daily inhaled steroids for control: Yes (record dose), No

Frequency of rescue inhaler(e.g. Albuterol) use:

Daily Weekly Monthly Rarely Never

Symptoms Exacerbated by cold and/or exercise: Yes (detail) No

Disease control: Normal PFTs on treatment: Yes No

Specialist required for management: No 1x/year 2x/year 3x/year

Exacerbations requiring oral steroids: Yes (detail) No

ER or Urgent Care Visits: Yes (detail) No

Hospitalizations or ICU admission: Yes (detail) No

H/O Intubation: Yes No

Missed Work days in last year due to asthma: None 1-2 3-4 >4

Risk for sudden incapacitation: Low Moderate High

Asthma Fast Track Checklist

Signature/Date

DAWG Review and Recommendation: RTD C-1 C-2 C-3 Full

Recommended follow-up interval: 3 mo. 4 mo. 6 mo. Annual Biennial