


Inpatient Pediatric Asthma Assessment

Affix patient label within this box.

Weight _____ kg

Height _____ cm

Date (yyyy-Mon-dd)										
Time (hh:mm)										
Pathway Phase										
	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post
Heart Rate										
Respiratory Rate										
Oxygen Delivery										
Oxygen Flow										
Oxygen Saturation										
Blood Pressure										
Temperature										
FEV1 (if applicable)										
Modified PRAM Scoring (see table on Side B)										
Signs	Scoring									
Suprasternal indrawing	0 or 2									
Scalene retractions	0 or 2									
Wheezing	0, 1, 2 or 3									
Air entry	0, 1, 2 or 3									
Total Modified PRAM Score										
Salbutamol Dose										
Salbutamol Time of Administration	hh:mm	Initials	hh:mm	Initials	hh:mm	Initials	hh:mm	Initials	hh:mm	Initials
Clinical Improvement (Yes / No)										
Initials										

* Post-treatment and assessment, reassessment within 10-15 minutes post Rx and indicate if there was a clinical improvement despite no change in score.

Modified PRAM Scoring Assessment

SCORE	0	1	2	3
Suprasternal indrawing	Absent		Present	
Scalene retractions	Absent		Present	
Wheezing	Absent	Expiratory only	Inspiratory & Expiratory	Audible without stethoscope / silent chest
Air entry	Normal	Decreased at bases	Widespread decrease	Absent / minimal

SAMPLE