

Practice Asthma Data Collection Form

Please complete the survey below.

Thank you!

Instructions: please collect information from the chart of a patient with identified asthma who went to the ED in the last 7 days and look back

Unique ID

Today's date

Practice Name

Most recent ED date

Most recent ED time

What prompted you to pull this patient's chart?

Patient Age

1 Please select the age range of the patient

- 0 - 4 years
 5 - 11 years
 12 - 18 years
 18+ years

Emergency Department Utilization

2 Was the primary or secondary diagnosis asthma?

- Yes
 No

2a If no, what was the primary diagnosis in ED?

2b If no, what was the secondary diagnosis in ED?

- 3 Can you tell what medication the patient was on at the time of the ED visit? Check all that apply.
- Albuterol (Proair, Ventolin, Proventil)
 - Levalbuterol (Xopenex)
 - Ipratropium bromide/albuterol (DuoNeb)
 - Inhaled-corticosteroid (ICS)
 - Combination ICS + Beta 2 agonist
 - Leukotriene modifier
 - Unknown
 - Other
 - None

3a Additional comments:

3b Other medications the patient was on that was not listed

- 4 Was the patient prescribed a new asthma medication at the ED visit?
- Yes
- No

- 4a If yes, please check all the medications that were prescribed in the ED. Check all that apply
- Albuterol (Proair, Ventolin, Proventil)
 - Levalbuterol (Xopenex)
 - Ipratropium bromide/albuterol (DuoNeb)
 - Inhaled-corticosteroid (ICS)
 - Oral-corticosteroid
 - Injectable-corticosteroid
 - Combination ICS + Beta 2 agonist
 - Leukotriene modifier
 - Unknown
 - Other
 - None

4b Please list other medications that were prescribed in the ED that were not listed

- 5 Prior to this ED visit, did the patient go to the ED for asthma or respiratory illness in the past 12 months?
- Yes
- No
- Unknown

5a If yes, please list the date for ED visit one.

5b If yes, please list the diagnosis on visit one.

5c If yes, please list the date for ED visit two.

5d If yes, please list the diagnosis on visit two.

5e If yes, please list the date for ED visit three.

5f If yes, please list the diagnosis on visit three.

Healthcare Utilization

- 6 Did the patient/family call the office or have an office visit prior to this ED visit?
- Yes, call
 Yes, visit
 No
 Unknown

6a If yes (call), please list the date

6b If yes (office visit), please list the date

- 7 Was the patient prescribed oral steroids in the 2 weeks prior to this ED visit?
- Yes
 No
 Unknown

7a If yes, please list the date

- 8 Has the patient received oral steroids for asthma or a respiratory illness in the past 12 months?
- Yes
 No
 Unknown

8a If yes, please list the dates

8b If yes, please list the dates

8c If yes, please list the dates

- 9 Patient visit history (going back 3 months)
- Well-child visit
 Asthma care visit
 Acute visit for asthma
 Other

9a Please list the dates for the well-child visit

9b Please list the dates for the well-child visit

9c Please list the dates for the asthma care visit

9d Please list the dates for the asthma care visit

9e Please list the dates for the acute visit for asthma

9f Please list the dates for the acute visit for asthma

9g Please list other type of visit and dates

10 Is the patient being followed by a specialist for their asthma care (pulmonologist/allergist)?

Yes
 No

Asthma Severity and Asthma Control

11 Was asthma severity documented in the patient's chart (problem list, notes)?

Yes
 No

11a If yes, what was the severity level?

Intermittent
 Exercise Induced
 Mild Persistent
 Moderate Persistent
 Severe Persistent

12 Was asthma control documented within the last 12 months?

Yes
 No

12a If yes, what was the level of control?

Well controlled
 Not well controlled

13 Was asthma control assessed with a validated tool in the last 12 months?

Yes
 No

13a If yes, what tool was used?

ACT
 Track
 ATAQ
 Other

13b Other tool name

Medications

14 Has the child been prescribed a short-acting rescue medication?

Yes
 No

14a Which short-acting rescue medication was prescribed for the patient? Check all that apply.

Albuterol (Proair, Ventolin, Proventil)
 Levalbuterol (Xopenex)
 Other

14b Please list the date this short-acting rescue medication (Albuterol (Proair, Ventolin, Proventil)) was prescribed.

14c Please list the date this short-acting rescue medication (Levalbuterol (Xopenex)) was prescribed.

14d Other short-acting rescue medication most recently prescribed for the patient

-
- 14e Please list the date the short-acting rescue medication (other) was prescribed _____
-
- 15 For patients with persistent asthma (mild, moderate, severe), was the child prescribed a controller medication? Yes
 No
-
- 15a If yes, which controller medications were prescribed? Check all that apply. Inhaled-corticosteroids (ICS)
 Combination ICS + Beta 2 agonist
 Leukotriene modifier
 Other
-
- 15b Please list the date the controller medications (Inhaled-corticosteroids (ICS)) were prescribed _____
-
- 15c Please list the date the controller medications (Combination ICS + Beta 2 agonist) were prescribed _____
-
- 15d Please list the date the controller medications (Leukotriene modifier) were prescribed _____
-
- 15e Other controller medications _____
-
- 15f Please list the date the controller medications (other) were prescribed _____
-
- 15g If no, what reason was given? Not applicable (intermittent or exercise related asthma)
 Refusal
 Unknown
 Other
-
- 15h Please list other reasons not listed _____
-
- 16 Is obtaining medications/prescription refills a known barrier for this patient/family? Yes
 No
 Unknown
-
- 16a If yes, please describe how this was noted in the chart _____
-
- 17 Is medication adherence a known barrier for this patient/family? Yes
 No
 Unknown
-
- 17a If yes, please describe how this was noted in the chart _____
-

Lung Function Testing

18 Was a spirometry test completed in the last 12 months? Yes
 No

18a If yes, where was it completed?

Asthma Education and Self-Management

19 Was spacer use education provided to the patient and/or family in the past 12 months? Yes
 No
 Unknown

19a If yes, please describe how this was noted in the chart and who provided the education

20 Is there an Asthma Action Plan in the chart? Yes
 No

20a If yes, has the Asthma Action plan been updated in the past 12 months? Yes
 No

20b When was the Asthma Action Plan last updated?

Tobacco Use Assessment

21 Was tobacco smoke exposure /use assessed in the last 12 months? This includes e-cigs, vaping. Yes, smoke exposure identified
 Yes, no smoke exposure identified
 No

21a If tobacco smoke exposure/use was identified, what cessation supports were offered? Check all that apply.
 Cessation counseling
 VT quit line
 Local resource referral
 Reminded to smoke outside/away from child
 Other
 None/not documented

21b Other

Allergies

22 Has the patient been diagnosed with environmental allergies? Yes
 No
 Unknown

22a Is the patient currently taking medications (prescribed or OTC) for environmental allergies? Yes
 No
 Unknown

Other Factors

- 23 Does the child live in multiple homes? Yes
 No
 Unknown
-
- 24 Are there any known asthma triggers in the home? Yes
 No
 Unknown
-
- 24a If yes, what are the known asthma triggers in the home? Check all that apply. Cats
 Dogs
 Mold
 Dust mites
 Woodstoves
 Other
-
- 24b Other _____
-
- 25 Were social factors assessed in the past 12 months? Yes
 No
-
- 25a Was food insecurity screen positive? Yes
 No
 Unknown
-
- 25b Was housing screen positive? Yes
 No
 Unknown
-
- 25c Was utility screen positive? Yes
 No
 Unknown
-
- 25d Was transportation screen positive? Yes
 No
 Unknown
-
- 25e Was interpersonal violence screen positive? Yes
 No
 Unknown
-
- 26 What factors (if known) contributed to the patient/family using the ED? (check all that apply) Phone call, sent to the ED
 PCP visit, sent to the ED
 Phone call, appointment given, elected to go straight to the ED
 No phone call, went straight to the ED
 Other
-
- 26a Please list other factors that contributed to the patient/family using the ED. _____
-
- 27 Has the patient received a flu vaccine this season? Yes
 No

28 Please list any comorbid conditions the child may have that may impede their asthma management.

29 Please provide any additional observations during chart review that may impact the patient's asthma care or ED use.
