

Illinois EMS for Children
Pediatric Asthma Assessment and
Discharge Planning Survey
2006

General

1. In 2005, what is the average volume of ALL patient (adult and pediatric) ED visits in your facility?
(Check one answer only)

0 – 10,000/year	30,001 - 40,000/year
10,001 - 15,000/year	40,001 - 45,000/year
15,001 – 20,000/year	45,001 - 50,000/year
20,001 - 25,000/year	50,001 - 60,000/year
25,001 - 30,000/year	60,001+/year

2. In 2005, what is the average volume of pediatric (defined as 0 through 15 years old) ED visits in your facility? *(Check one answer only)*

0 - 2,000/year	7,001 – 9,000/year
2,001 – 3,000/year	9,001 – 11,000/year
3,001 – 5,000/year	11,001 – 13,000/year
5,001 – 6,000/year	13,001 – 15,000/year
6,001 – 7,000/year	15,001+/year

3. In 2005, in total, how many pediatric patients (0 through 15 years old) present with any of the following diagnoses (ICD-9 Codes): asthma/RAD (493 – 493.91); bronchitis/bronchiolitis (466, 466.0, 466.1, 490, 491, 491.0); abnormal chest sounds/wheezing (786.7); RSV (79.6, 480.1)?
(Check one answer only)

0 – 250/year	1,251 – 1,400/year
251 – 500/year	1,401 – 1,600/year
501 – 750/year	1,601 – 2,000/year
751 – 1,000/year	2,001 – 2,500/year
1,001 – 1,250/year	2,501+/year

Asthma Protocols

4. Have you reviewed the NIH/NHLBI *Guidelines for the Diagnosis and Management of Asthma* (developed in 1997 and updated in 2002)? [see attached](#) (algorithm)
- Yes
 - No

5. Does your ED have a formal asthma protocol/standing orders?
- Yes
 - No
 - Currently in development
- 5a. If yes to Q.5, does your asthma protocol/standing orders incorporate at least some of the components of the NIH/NHLBI *Guidelines for the Diagnosis and Management of Asthma*?
- Yes
 - No
 - I'm not sure
- 5b. If yes to Q.5, does your asthma protocol/standing orders include specific information for discharge education/planning?
- Yes
 - No

Education

6. Which of the following elements of patient education are routinely reviewed with the patient/family before discharge? *(Check all that apply)*
- Basic asthma fact sheet
 - Asthma control fact sheet/monitoring symptoms
 - Understanding use of daily medications
 - Understanding use of emergency medications
 - Patient self-assessment form
 - MDI technique
 - Spacer/holding chamber technique
 - Neb treatment technique
 - Peak Flow technique (for patients ≥ 5 years of age)
 - Peak Flow record/diary
 - Bulb syringe suctioning (for infants)
 - Asthma triggers
 - Patient and/or Parent Smoking cessation
 - Asthma Action Plan
 - When to return to ED
 - Referral to specialist/PCP/clinic
7. Who is responsible for providing asthma patient education in your ED? *(Check all that apply)*
- Physician
 - Staff RN
 - Respiratory Therapist
 - Discharge Teaching RN
 - Staff member from asthma clinic
 - Certified asthma educator
 - Other _____

8. For non-English speaking or hearing impaired patients, what resources do you have to assist in patient education? *(Check all that apply)*
- Certified interpreter
 - Multilingual printed versions of your discharge planning/instructions
 - AT&T type phone based interpreter service
 - Other professional staff
 - Family members
 - None
 - Other _____

9. What aspects of asthma management would your ED team benefit from further education and/or re-training? *(Check all that apply)*

	Nurses	Physicians
Asthma disease process	0	0
Assessing asthma severity	0	0
Current asthma treatment/interventions	0	0
Patient reassessment	0	0
Discharge education for the patient/parent specific to asthma management/control at home	0	0
Teaching pediatric patients and family on proper use of asthma equipment/supplies	0	0
Smoking cessation/counseling to patient and/or parent	0	0
Providing referral sources	0	0
Other _____	0	0

10. Are Respiratory Therapists considered part of your ED's asthma management team?
- Yes
 - No

- 10a. If yes to Q.10, what aspects of asthma management would your Respiratory Therapists benefit from further education and/or re-training? *(Check all that apply)*

	Respiratory Therapists
Asthma disease process	0
Assessing asthma severity	0
Current asthma treatment/interventions	0
Patient reassessment	0
Discharge education for the patient/parent specific to asthma management/control at home	0
Teaching pediatric patients and family on proper use of asthma equipment/supplies	0
Smoking cessation/counseling to patient and/or parent	0
Providing referral sources	0
Other _____	0

Discharge Planning

11. Which of the following treatment options are pediatric patients with asthma symptoms routinely prescribed/discharged home with? (*Check all that apply*)
- Antibiotics
 - Albuterol syrup
 - Bronchodilators via MDI
 - Bronchodilators via MDI with spacer/holding chamber
 - Bronchodilators via Nebulizer
 - Inhaled corticosteroids via MDI
 - Inhaled corticosteroids via MDI with spacer/holding chamber
 - Inhaled corticosteroids via Nebulizer
 - Oral corticosteroids
 - None
 - Other _____
12. Are the majority of pediatric patients with either recurrent asthma symptoms or repeat visits typically sent home on long term inhaled corticosteroids?
- Yes
 - No
13. Are pediatric patients with asthma symptoms ever sent home on Albuterol **syrup**?
- Yes
 - No
14. Are objective measures (e.g., peak flow measurements) or other clinical scoring tools (e.g., Clinical Asthma Score, Asthma Severity Score, Pulmonary Index) used in the decision to discharge or admit a patient?
- Yes
 - No
15. Does your ED track return visits for asthma patients with similar symptoms within your hospital's defined time (e.g. 48 hours, 72 hours, etc)?
- Yes
 - No
- 15a. If yes to Q.15, what are some examples of how this information is used?
- Conduct peer review to determine adequacy of care
 - Provide staff education
 - Provide patient/caregiver education
 - Arrange follow-up care
 - Contact patient's PCP to consult/update
 - Other _____
16. What resources for follow-up care do you have for underinsured patients? (check all that apply)
- Refer to your ED's fast track
 - Provide a list of local health clinics
 - Provide a list of local PCPs
 - Provide a referral to a specific PCP/physician referral service
 - Provide a referral to allergy/asthma specialist
 - None
 - Other _____