

Appendix 4: Illinois Emergency Department Asthma Collaborative Study—Emergency Department Process-of-Care Assessment/Chart-Review Form

Study ID: _____

Please complete this form based on the information obtained in the patient's ED medical record.

DEMOGRAPHICS:

1. Date of ED Visit _____/_____/_____
(Mo) (Day) (Yr)
2. ED Arrival Time* _____/_____
*Earliest time recorded in medical record (Military time)
3. Primary reason for ED Visit ₁ Asthma exacerbation
₂ Refill prescriptions
₃ Other: _____
(Specify)
4. Payment Source ₁ Medicare*
₂ Medicaid*
₃ Private
₄ Self/uninsured

*Patients with Medicare and Medicaid are considered as Medicare.

CARE IN ED:

Peak Flow (PF)

5. Record **first** PF reading _____
₁ Not documented
6. Record time of **first** PF reading _____/_____
(Military time)
₁ Not documented

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7. Record **last** PF reading. _____

₁ Not documented

8. Record time of **last** PF reading _____ / _____
(Military time)

₁ Not documented

Oxygen Saturation (SaO₂)

9. Record **first** SaO₂ reading _____

₁ Not documented

10. Was the **first** SaO₂ on or off oxygen?

- ₁ On oxygen
- ₂ Off oxygen
- ₃ Not documented

11. Record **last** SaO₂ reading _____

₁ Not documented

Asthma Medications

12. Record time that **first** beta agonist treatment was given _____ / _____
(Military time)

₁ Not documented

13. Is there documentation that the patient received **more than one** beta agonist treatment such as albuterol in the ED?

- ₁ Yes
- ₂ No

14. Is there documentation that the patient received systemic steroids (IV or PO) such as prednisone, prednisolone, or predlone in the ED?

- ₁ Yes
- ₂ No

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15. What was the disposition of the patient? ₁ Discharged
₂ Admitted to hospital

***If answer to question 15 is "Admitted to hospital", stop here.
Otherwise, continue with 16.***

16. Is there documentation that the patient was prescribed or encouraged to continue **inhaled steroids** such as Flovent, Pulmicort, Aerobid, Advair, Azmacort, Beclovent, or Vanceril upon discharge from the ED? ₁ Yes
₂ No
17. Is there documentation that **oral steroids** such as prednisone, prednisolone, or predlone were prescribed for the patient upon discharge from the ED? ₁ Yes
₂ No

***If answer to question 17 is "No", go to question 19.
Otherwise, continue with 18.***

18. Record number of days **oral steroids** prescribed. _____ days
₁ Not documented

Asthma Education

19. Is there documentation that the patient was given asthma education (either written or verbal) as part of his/her ED care and/or discharge instructions? ₁ Yes
₂ No

***If answer to question 19 is "No", go to question 20.
Otherwise, continue with 19a.***

- 19a. Is there documentation that the patient received education on the pathophysiology of asthma regarding constriction and inflammation? ₁ Yes
₂ No
- 19b. Is there documentation that the patient received education on the **effects of medications** in relation to the pathophysiology of asthma? ₁ Yes
₂ No
- 19c. Is there documentation that the patient was given a plan for what to do if his/her asthma symptoms worsened? ₁ Yes
₂ No

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- 19d. Is there documentation that the patient was given instruction on use of a metered dose inhaler (MDI)? ₁ Yes ₂ No ₃ Patient does not use MDI
- 19e. Is there documentation that the patient's MDI technique was directly observed? ₁ Yes ₂ No ₃ Patient does not use MDI
- 19f. Is there documentation that the patient was given instruction on use of a peak flow meter (PFM)? ₁ Yes ₂ No
- 19g. Is there documentation that a PFM was dispensed or a prescription given for a PFM? ₁ Yes ₂ No ₃ Patient has a PFM
- 19h. Is there documentation that the patient received education on avoidance of asthma triggers (i.e. smoking, dust, etc.)? ₁ Yes ₂ No

Follow-Up Appointment

20. Is there documentation that the patient was instructed to make a follow-up appointment for asthma with an ambulatory healthcare provider? ₁ Yes ₂ No

If answer to question 20 is "No", go to question 21. Otherwise, continue with 20a.

20a. What is the specified time period ? _____ Number of days

₁ Not documented

21. ED Discharge Time: _____ / _____
(Military time)

₁ Not documented

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