

Study ID: \_\_\_\_\_



## Illinois Emergency Department Asthma Surveillance Project (IEDASP)

### Emergency Department (ED) Process of Care Assessment CHART REVIEW FORM

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

#### DEMOGRAPHICS:

1. Month of ED Visit . . . . . \_\_\_\_\_
2. ED Arrival Time\* . . . . . \_\_\_\_/\_\_\_\_  
\* Earliest time recorded in medical record (Military time)
3. Primary reason for ED Visit . . . . .  
☐<sub>1</sub> Asthma exacerbation  
☐<sub>2</sub> Refill prescriptions  
☐<sub>3</sub> Other: \_\_\_\_\_  
(Specify)
4. Payment Source . . . . .  
☐<sub>1</sub> Medicare  
☐<sub>2</sub> Medicaid  
☐<sub>3</sub> Both Medicare and Medicaid  
☐<sub>4</sub> Private  
☐<sub>5</sub> Self/uninsured

#### CARE IN ED:

##### Peak Flow (PF)

5. Record **first** PF reading . . . . . \_\_\_\_\_  
☐<sub>1</sub> Not documented
6. Record **last** PF reading. . . . . \_\_\_\_\_  
☐<sub>1</sub> Not documented

##### Asthma Medications

7. Is there documentation that the patient received **more than one** beta agonist treatment such as albuterol in the ED?  
☐<sub>1</sub> Yes  
☐<sub>2</sub> No

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8. Is there documentation that the patient received systemic steroids (IV or PO) such as prednisone, prednisolone, or predlone in the ED? ☐<sub>1</sub> Yes ☐<sub>2</sub> No
9. What was the disposition of the patient? ☐<sub>1</sub> Discharged ☐<sub>2</sub> Admitted to hospital

***If answer to question 9 is "Admitted to hospital", stop here. Otherwise, continue with 10.***

10. Is there documentation that the patient was prescribed or encouraged to continue **inhaled steroids** such as Flovent, Pulmicort, Aerobid, Advair, Azmacort, Qvar, or Asmanex upon discharge from the ED? ☐<sub>1</sub> Yes ☐<sub>2</sub> No
11. Is there documentation that **oral steroids** such as prednisone, prednisolone, or predlone were prescribed for the patient upon discharge from the ED? ☐<sub>1</sub> Yes ☐<sub>2</sub> No

***If answer to question 11 is "No", go to question 13. Otherwise, continue with 12.***

12. Record number of days **oral steroids** prescribed. . . . . \_\_\_\_\_ days
- ☐<sub>1</sub> Not documented

### Asthma Education

13. 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? ☐<sub>1</sub> Yes ☐<sub>2</sub> No

***If answer to question 13 is "No", go to question 14. Otherwise, continue with 13a.***

- 13a. Is there documentation that the patient received education on the pathophysiology of asthma regarding constriction and inflammation? ☐<sub>1</sub> Yes ☐<sub>2</sub> No
- 13b. Is there documentation that the patient received education on the **effects of medications** in relation to the pathophysiology of asthma? ☐<sub>1</sub> Yes ☐<sub>2</sub> No
- 13c. Is there documentation that the patient was given a plan for what to do if his/her asthma symptoms worsened? ☐<sub>1</sub> Yes ☐<sub>2</sub> No

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- 13d. Is there documentation that the patient was given instruction on use of a metered dose inhaler (MDI)?
- ☐<sub>1</sub> Yes  
☐<sub>2</sub> No  
☐<sub>3</sub> Patient does not use MDI
- 13e. Is there documentation that the patient's MDI technique was directly observed?
- ☐<sub>1</sub> Yes  
☐<sub>2</sub> No  
☐<sub>3</sub> Patient does not use MDI

### Follow-Up Appointment

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

***If answer to question 14 is "No", go to question 15.  
Otherwise, continue with 14a.***

- 14a. What is the specified time period ? . . . . . \_\_\_\_\_ Number of days
- ☐<sub>1</sub> Not documented
15. ED Discharge Time: . . . . . \_\_\_\_\_ / \_\_\_\_\_  
(Military time)
- ☐<sub>1</sub> Not documented
16. Zip Code \_\_\_\_\_
- ☐<sub>1</sub> Not documented