

Reviewer # _____ Date of Service: _____ LOS: (Not greater than 120 days) _____

Patient # _____ MR # _____ Age (2-17) _____

Admission Diagnosis : _____

Admitted from Clinic ER Readmission for less than 2 weeks from discharge YES NO

CRITERIA	Y	N	N/A	COMMENTS
A. History and PE includes: 1. Documentation of asthma severity (Table 143-8 Classification of Asthma Severity, Nelson’s Textbook of Pediatrics, 18 th Edition) 2. Assessment of environmental exposures (cigarette smoking, presence of cats / dogs, dust mites, spray of perfumes / colognes, carpet, exposure to seasonal change).				
B. Use of Inhaled Corticosteroids: Based from Asthma Severity, recommend inhaled Steroids. <input type="checkbox"/> If not given, document the reason for not giving inhaled steroids. <input type="checkbox"/> Document if teaching was done regarding the correct use of inhaled steroids with spacer devices.				
C. Use of Asthma Action Plan: a. Documentation of instructions on daily treatment plan (including quick relievers and /or inhaled steroids) b. Documentation of recommendation to reduce environmental allergens. c. Documentation of how to recognize worsening asthma symptoms d. Provide guidance for self management. e. Documentation of spacer device teaching, if indicated e.g. MDI				
D. Schedule Follow up visits . Initial follow up 1-2 weeks. Follow up in 2-6 months interval once asthma is controlled.				
E. Control of Environmental exposures Once identified, documentation of discussion with parents to reduce exposure to allergens and provide educational material to the patient on how to avoid asthma triggers.				

REVIEWER’S RECOMMENDATIONS:

- Forward to Practitioner’s Peer Review File
- Forward to Department Executive Session

DEPARTMENT REVIEW:

- Forward to Practitioner’s Peer Review File
- Forward to Medical Executive Session

Department Chairperson’s Signature : _____ Date: _____

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