



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Re: Instruction on filling out Asthma Reporting Form for school year 2011-2012

Dear School Nurse:

The Connecticut Department of Public Health (DPH) Asthma Program would like to thank you for your past cooperation with the collection of School-based Asthma Surveillance data as mandated by Connecticut General Statute Section 10-206.

Attached is the **Asthma Reporting Form** that you will use for the **2011-2012** school year to report the students in your school who have asthma. Information to be collected on this form has been modified to align with the recent changes to the Health Assessment Record (HAR or "the blue form").

Who and What to Report:

- Fill out school name, address, phone, and 2011-2012 enrollment numbers for grades that required a HAR (pre-K or K, grade 6 or 7, and grade 9 or 10).
- Please consult with district nurse supervisor to confirm which grades require a HAR.
- Complete one line for each child with asthma for whom a HAR was required for one of these grades during the 2011-2012 school year **AND** has at least one source of Asthma Documentation from the list below, even if asthma was not identified on that HAR.
 - Asthma Documentation: 1) provider diagnosis of asthma on HAR, 2) provider Asthma Action Plan, 3) provider asthma medication order, 4) self-carry asthma medication approval, 5) asthma medication in school, 6) parental note, 7) asthma symptoms observed, or 8) any other documentation.
- DO NOT include students who are using HAR as a "mandated" sports physical for that year.
- DO NOT include transfer students in grades other than the grades requiring a HAR (pre-K or K, grade 6 or 7, and grade 9 or 10).
- Complete grade, age, gender, race, ethnicity, asthma documentation, severity of asthma*, and health history for each child (*see next page for assessing asthma severity).
- Please submit a report for the school even if there are no students with asthma in grades requiring a HAR, check the box indicating zero students with asthma.

When to Report:

- *Asthma Reporting Forms* should be returned to the school nurse supervisor for your district by **September 15, 2012**.
- Nurse supervisors should return each individual school's *Asthma Reporting Form* along with the *District Asthma Reporting Summary Form* to DPH by **September 30, 2012**.
- Please note that while the deadline is September 30, 2012, the forms can be submitted as soon as they are completed. We strongly encourage school nurses to complete and submit their forms to their supervisors by the end of the 2011-2012 school year (June 2012).

The forms can be downloaded from our website <http://www.ct.gov/dph/asthma>. Click on "Schools" near the bottom of the page and then click on "Asthma Reporting Forms". If you have any questions or concerns, please contact the Connecticut Department of Public Health Asthma Program at (860) 509-8251.



Phone: (860) 509-8251
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # 11HLS
P.O. Box 340308, Hartford, CT 06134

Asthma Diagnosis and Severity

Consider the diagnosis of "asthma" if:

1. **RECURRENT** coughing, wheezing, or shortness of breath relieved by a bronchodilator
2. **SPIROMETRY** demonstrates obstruction and reversibility by an increase in FEV₁ of ≥12% after bronchodilator
3. Rule out conditions such as aspiration, GERD, airway anomaly, foreign body, cystic fibrosis, vocal cord dysfunction, or COPD. GERD is a common co-morbidity. (If diagnosis in doubt, consult with an asthma specialist.)

Assess Asthma Severity: Persistent vs. Intermittent

Persistent Asthma

1. Symptoms >2 days per week **OR**
2. Awakened at night from asthma >2X per month **OR**
3. Short-acting beta2-agonist use >2 days/week **OR**
4. Limitation of activities, despite pretreatment for exercise induced asthma **OR**
5. More than 2 steroid bursts in 1 year **OR**
6. FEV₁ <80% predicted **OR** low FEV₁/FVC ratio (see below)
7. For children <4 years consider "persistent" if more than 4 episodes of wheezing in a year **AND** parental history of asthma or eczema or wheezing between illnesses.

See "Assessing Asthma Severity" chart for more detailed information.

Assessing Asthma Severity Chart

| | Intermittent | Mild Persistent | Moderate Persistent | Severe Persistent |
|------------|--|---|---|---|
| Impairment | <p>Symptoms:</p> <ul style="list-style-type: none"> • All ages: ≤2 days/week <p>Nighttime awakenings:</p> <ul style="list-style-type: none"> • 0-4: None • 5 & older: ≤2 times/month <p>Short-acting B2-agonist use:</p> <ul style="list-style-type: none"> • All ages: ≤2 days/week <p>Interference with normal activity:</p> <ul style="list-style-type: none"> • All ages: None <p>Lung function:</p> <ul style="list-style-type: none"> • All ages: Normal FEV₁, between exacerbations; FEV₁ >80% predicted. • 5-11: FEV₁/FVC >85% • ≥12: FEV₁/FVC normal | <p>Symptoms:</p> <ul style="list-style-type: none"> • All ages: >2 days/week but not daily <p>Nighttime awakenings:</p> <ul style="list-style-type: none"> • 0-4: 1-2 times/month • 5 & older: 3-4 times/month <p>Short-acting B2-agonist use:</p> <ul style="list-style-type: none"> • 0-11: >2 days/week but not daily • ≥12: >2 days/week but not >once/day <p>Interference with normal activity:</p> <ul style="list-style-type: none"> • All ages: Minor limitation <p>Lung function:</p> <ul style="list-style-type: none"> • 5-11: FEV₁ >80% predicted; FEV₁/FVC >80% • ≥12: FEV₁ ≥80% predicted; FEV₁/FVC normal | <p>Symptoms:</p> <ul style="list-style-type: none"> • All ages: Daily <p>Nighttime awakenings:</p> <ul style="list-style-type: none"> • 0-4: 3-4 times/month • 5 & older: >1x/week but not nightly <p>Short-acting B2-agonist use:</p> <ul style="list-style-type: none"> • All ages: Daily <p>Interference with normal activity:</p> <ul style="list-style-type: none"> • All ages: Some limitation <p>Lung function:</p> <ul style="list-style-type: none"> • 5-11: FEV₁ 60-80% predicted; FEV₁/FVC 75-80% • ≥12: FEV₁ >60% but <80% predicted; FEV₁/FVC reduced 5% | <p>Symptoms:</p> <ul style="list-style-type: none"> • All ages: Throughout the day <p>Nighttime awakenings:</p> <ul style="list-style-type: none"> • 0-4: >1 time/week • 5 & older: Often 7 times/week <p>Short-acting B2-agonist use:</p> <ul style="list-style-type: none"> • All ages: Several times/day <p>Interference with normal activity:</p> <ul style="list-style-type: none"> • All ages: Extremely limited <p>Lung function:</p> <ul style="list-style-type: none"> • 5-11: FEV₁ <60% predicted; FEV₁/FVC <75% • ≥12: FEV₁ <60% predicted; FEV₁/FVC reduced >5% |