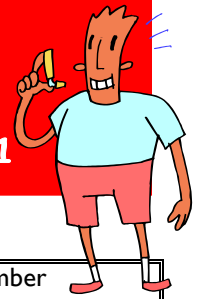


Breathing Should Be Easy!

Asthma Coalition of Eastern Carolina
Jones County Health Department 252 448-9111



Asthma Management Referral

Patient		Physician's Office Chart Number	
Parent or Guardian		Email	
Street Address			
City, State, Zip			
Telephone Number		Home	Day
Best Time to Contact:			
DOB:	Gender:	Insurance:	Race:
	<input type="checkbox"/> Male	<input type="checkbox"/> Private <input type="checkbox"/> Medicaid	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other
Age:	<input type="checkbox"/> Female	<input type="checkbox"/> Health Choice <input type="checkbox"/> None	<input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Multi
I give permission for my child to participate in the Asthma Coalition Program and to allow medical information concerning my child's asthma to be shared with the Asthma Coalition of Eastern Carolina. I understand that a representative from the Jones County Health Department may contact me to conduct an environmental assessment of my home.			
Patient / Guardian Signature		✗	

Health Care Provider						
Practice						
Mailing Address						
City, State, Zip						
Telephone Number		Office		Fax		
Classification of Severity ¹ (If Known) (See Back Page)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Unknown	Undergoing Therapeutic Trial	Mild Intermittent	Mild Persistent	Moderate Persistent	Severe Persistent
Who is making this referral?		<input type="checkbox"/> Doctor's Office		<input type="checkbox"/> Health Department		<input type="checkbox"/> School

Email completed form to: health@jonescountync.gov or
Fax to the Jones County Health Department at (252) 448-1443.

Call (252) 448-9111 extension 3017 if you have any questions.

INITIAL VISIT: CLASSIFYING ASTHMA SEVERITY AND INITIATING THERAPY

(in patients who are not currently taking long-term control medications)

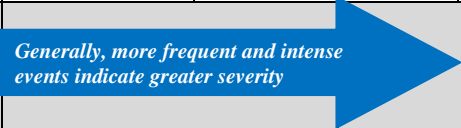
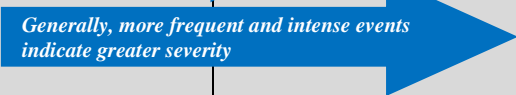
Level of severity is determined by events listed in Column 1 for both impairment (frequency and intensity of symptoms and functional limitations) and risk (of exacerbations).

Assess impairment by patient's or caregiver's recall of events during the previous 2–4 weeks.

Assess risk over the last year.

Components of Severity		Intermittent		
		Ages 0-4	Ages 5-11	Ages ≥ 12
Impairment	Symptoms	≤2 days / week		
	Nighttime Awakenings	0	≤2 x/ month	
	SABA* use for symptom control (not to prevent EIB*)	≤2 days/week		
	Interference with normal activity	None		
	Lung Function →FEV ₁ *(% predicted) →FEV ₁ /FVC*	Not Applicable (N/A)	Normal FEV ₁ between exacerbations >80% >85%	Normal FEV ₁ between exacerbations >80% Normal
Risk	Asthma exacerbations requiring oral systemic corticosteroids± 0-1/year			

Persistent

Components of Severity		Mild Persistent			Moderate Persistent			Severe Persistent		
		Ages 0-4	Ages 5-11	Ages ≥ 12	Ages 0-4	Ages 5-11	Ages ≥ 12	Ages 0-4	Ages 5-11	Ages ≥ 12
Impairment	Symptoms	>2 days/week - not daily			Daily			Throughout the day		
	Nighttime Awakenings	1-2 x/month	3-4 x/month		3-4 x/month	>1x/week – not nightly		>1 x/week	Often 7 x/week	
	SABA* use for symptom control (not to prevent EIB*)	>2 days/week - not daily	>2 days/week but not daily and not more than once on any day		Daily			Several times per day		
	Interference with normal activity	Minor Limitation			Some limitation			Extremely limited		
	Lung Function FEV ₁ * (% predicted) FEV ₁ /FVC*	N/A	>80%	>80%	N/A	60-80%	60-80%	N/A	<60%	<60%
Risk	Asthma exacerbations requiring oral systemic corticosteroids±	0-1/year			≥2 exacerbations in 6 months, or wheezing ≥4 x per year lasting > 1 day AND risk factors for persistent asthma	 Generally, more frequent and intense events indicate greater severity			 Generally, more frequent and intense events indicate greater severity	
		<i>Consider severity and interval since last asthma exacerbation. Frequency and severity may fluctuate over time for patients in any severity category. Relative annual risk of exacerbations may be related to FEV₁.*</i>								

* Abbreviations	EIB: Exercise-induce bronchospasm ICS – inhaled corticosteroid SABA – short-acting-beta ₂ -agonist	FEV ₁ – Forced expiratory volume in 1 second FVC – forced vital capacity
★Normal FEV₁/FVC by age	8-19 years: 85% 20-39 years: 80%	40-59 years: 75% 60-80 years: 70%
± Data are insufficient to link frequencies of exacerbations with different levels of asthma severity. Generally, more frequent and intense exacerbations (e.g., requiring urgent care, hospital or intensive care admission, and/or oral corticosteroids) indicate greater underlying disease severity. For treatment purposes, patients with ≥2 exacerbations may be considered to have persistent asthma, even in the absence of impairment levels consistent with persistent asthma.		