

Saint Paul Public Schools  
Early Childhood Screening  
Asthma Pilot

2002-2003 Pilot & Fall 2003 Follow-Up

# Goals of the ESC Asthma Pilot

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1. Improve identification and management of asthma by developing a referral and assessment process in ESC for preschool children with asthma or breathing problems
2. Assure children with asthma enter kindergarten with their asthma in good control and their medical care up-to-date, including an AAP and appropriate meds at school

# ECS Asthma Pilot

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- ☞ Questions added to ECS Health Form
- ☞ If asthma or breathing problems identified, parent fills out Asthma Questionnaire
- ☞ Referred to Pediatric Nurse Practitioner
- ☞ PNP calls family, assesses status
- ☞ Intervention--education, home visit, medical referral, insurance referral
- ☞ Follow up contact to determine outcome

# Questions Added to ECS Health Information and History Form

RESPIRATORY--Check all that apply to child in last 12 months

- Has had episode(s) of wheezing (whistling in the chest)
- Has heard wheeze or cough after active playing
- Has had attack of coughing during sleep
- Other breathing problems (describe)

Has ever been told by doctor as having:

- Asthma  Diabetes,  Seizures,  Other

# Asthma Identification in ECS

January - May 2003

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## ECS Nurses Identified


- 3-6 cases per week
- 114 over 5 months

 75% reached by phone

## Assessment by PNP

- 64% asthma
- 30% breathing problems
- 6% coughing or other symptoms due to other conditions

 Most were being treated properly and had appropriate healthcare

 20% had an AAP

# Needs Identified by PNP

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- 66 Preparation for school entrance
- 38 Asthma education of parent and child
- 14 Suspicion of asthma based on algorithm  
or Asthma Questionnaire (5 referred)
- 6 Level of reported asthma symptoms  
indicates need for HCP evaluation
- 5 Assessment beyond Asthma Questionnaire
- 4 Community resources needed
- 3 Inappropriate use of provider
- 2 Lack health insurance



# Key Messages

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📄 “It is important to keep your child’s asthma in good control.”

📄 “These are things you should be doing to get your child ready for kindergarten.”

# Outcomes of Healthcare Referrals

📄 14 children (12%) given recommendation or referral for healthcare

📄 Outcomes tracked in May and June

- 4 completed appointment
  - no change in asthma plan
  - no asthma diagnosis at this time
  - new med, mother reports symptoms improved
- 2 had appointments scheduled
  - one got insurance first
- 1 placed on controller med
- 7 unable to be reached

# Findings

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## Positives

- ☞ Increased awareness by ESC staff
- ☞ Standardized screening questions embedded in Health Information form
- ☞ Asthma Questionnaire completed at ECS
- ☞ Clear concise message

## Limitations

- ☞ Difficult to reach families
  - time to call
  - numbers changed
  - not home, etc
- ☞ “Cold call” by PNP days or weeks after ESC did not facilitate a “receptive, teachable moment”

# Higher Risk Could Be Missed

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📄 Families unable to be contacted may be higher risk (based on AQ information)

📄 They had:

- Higher severity rating by parents, but equal severity based on reported symptoms in past 4 weeks
- More emergency department visits in past 12 months

# Findings /Conclusions

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- In most cases the child's asthma status could be determined from the Asthma Questionnaire
- PNP labeled current asthma status as "Mild" for 73%
- Majority had appropriate asthma care
- Making calls to parents of children with well-controlled asthma is probably unnecessary
- Waiting to assess and educate via telephone contact could miss higher risk children

# Kindergarten Preparedness

Percent of students with asthma who have forms and medication in school health office by October

