

**ECHO: Pediatric Severe Asthma Presentation Form**

Presentation date: Site: Clinician:

**General Information/Demographics**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Presentation ID:** |  |  |  | **Year of birth:** |  |  |  | **Gender:** | Male | Female |
|  |  |  |  |  |  |  |  |  |  |  |
| **Race:** | African | American Indian/Alaskan Native | Asian | Country of Birth: |  |  |
|  | Black | Hawaiian/Pacific Islander | White |  |  |
|  |  |  |  |  |  |

**Birth history**

|  |
| --- |
| Gestational weeks at birth |
| NICU requirements at birth If yes: What and how long were the ventilation/O2 requirements  |

**Infant history**

|  |
| --- |
| At what age (approximate) did they develop respiratory symptoms that were consistent with asthma? |
| If known, was there a viral trigger (e.g. RSV, Rhinovirus, etc.)?  |

**Asthma symptoms**

|  |
| --- |
| Select the asthma symptoms you have appreciated?🞎 Cough If selected: a) Is the cough productive or non-productive:\_\_\_\_\_\_ b) Does the cough occur during sleep:\_\_\_\_\_🞎 Expiratory wheezing🞎 Inspiratory wheezing🞎 Shortness of breath🞎 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Responsiveness to asthma-directed therapies**

|  |
| --- |
| Do the symptoms response to B2-agonist therapy (e.g. Albuterol or Xopenex)? Y/N |
| Do the symptoms respond to systemic steroid therapy (e.g., Dexamethasone and Prednisone): Y/N |

**Triggers**

|  |
| --- |
| Select triggers for asthma?🞎 Upper respiratory infections (viral syndromes)🞎 Outdoor allergens (list if known:\_\_\_\_\_\_)🞎 Indoor allergens (list if known:\_\_\_\_\_\_)🞎 Exercise 🞎 Emotions (list examples: \_\_\_\_\_\_)🞎 Other:\_\_\_\_\_\_\_ |

**Asthma controller medications**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| List all current asthma medications:

|  |  |  |
| --- | --- | --- |
| Medication Name | Dosage | Frequency |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

 |
| List all past asthma controller medications used without an appreciable improvement in asthma symptoms:

|  |  |  |
| --- | --- | --- |
| Medication Name | Dosage | Frequency |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

 |
| Concern for medication adherence (Y/N):\_\_\_\_\_\_\_\_\_ |

**Grading severity of asthma**

|  |
| --- |
| How many hospitalizations has the patient required over their lifetime? a) Did any have intensive care requirements? b) Was there a need for intubation? c) Was there a need for non-invasive positive pressure ventilation (e.g., BiPAP or high-flow nasal cannula)  |
| How many ED visits has the patient required over the past 1 year? |
| How many systemic steroids for asthma-specific reasons has the patient required over the past 1 year? |
| Last Asthma Control Test or equivalent test score:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Diagnosed respiratory disease – review of systems (Select all that apply)**

|  |
| --- |
| 🞎 Bronchopulmonary dysplasia🞎 Chronic lung disease (specify etiology: \_\_\_\_\_)🞎 Cystic fibrosis🞎 Interstitial lung disease (including idiopathic)🞎 Diaphragmatic abnormality🞎 Chest wall deformity (e.g., pectus)🞎 Airway malacia (if yes, circle location(s): laryngomalacia, tracheomalacia or bronchomalacia)🞎 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Family history of respiratory disease**

|  |
| --- |
| Asthma: Y/NCystic fibrosis: Y/NInterstitial lung disease (including idiopathic): Y/NEarly death (≤ 50 years of age) due to respiratory causes (known or unknown diagnosis): |

**Review of systems**

|  |  |
| --- | --- |
|  | *Select presence of any current symptoms, disease processes or system–specific treatment regimen* |
| Infectious diseases | 🞎 Otitis media (> 5 diagnoses per year)🞎 Skin infections (cellulitis (> 5 diagnoses per year)🞎 Pneumonias (2+ diagnoses per year) (If yes, list if available any bacterial, fungal or viral organisms cultured:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
| Allergy | 🞎 Eosinophilic esophagitis🞎 Anaphylactic episodes  (If yes, list triggers:\_\_\_\_\_\_)🞎 Allergy immunotherapy (If yes, duration on therapy:\_\_\_\_)🞎 Asthma biologics  (If yes, list agents and duration on therapy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Cardiology | 🞎 Congenital heart disease (describe:\_\_\_)🞎 Acquired heart disease (describe: \_\_\_) |
| Gastrointestinal | 🞎 Gastroesophageal reflux 🞎 Poor weight gain🞎 Persistent diarrhea🞎 Steatorrhea🞎 Obesity🞎 Swallowing disorder |
| Otolaryngology | 🞎 Sinusitis🞎 Rhinitis🞎 Recurrent epistaxis🞎 Snoring 🞎 Observed Apnea🞎 Past sleep study: Y/N (If yes, what was the OHI:\_\_\_)🞎 Past ENT surgery: Y/N (If yes, what was the surgery:\_\_\_) |
| Dermatology | 🞎 Eczema |
| Ventilation | 🞎 BiPAP requirements 🞎 CPAP requirements🞎 O2 via nasal cannula requirements |
| Rheumatologic | 🞎 Juvenile Rheumatoid arthritis🞎 Sarcoidosis🞎 Lupus🞎 Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Hematologic | 🞎 Sickle cell disease🞎 Other |
| Neurologic | 🞎 Hypotonia🞎 Seizure disorder |
| Behavior/Psychiatry | 🞎 Depression🞎 Anxiety🞎 ADHD🞎 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Current (*NON-PULMONARY*) Medications:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Medication Name | Dosage | Frequency |  | Medication Name | Dosage | Frequency |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Herbal/Supplemental/Traditional Medicine**

Description:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Laboratory** |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **Laboratories** |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  **Date of studies:** |  |  |  |  |  |  |  |  |  |  |
| **WBC** |  | *K/cu*  |  | **IgE serum** | *kU/L* |  | **Perennial allergens**  | *kU/L* |  |
| **HGB** |  | *g/dL* |  | **Aspergillus Ab** |  *(dectected or not-detected)* |  |  **Alternaria alternata** |  |  |
| **Platelet** |  | *K/cu* |  | **CRP** | *mg/L* |  |  **Cat dander** |  |  |
| **ANC – Neutrophil absolute**  |  | *K/cu* |  | **ESR** | *mm/h* |  |  **Dermatophag. pteronyssinus** |  |  |  |
| **Lymphocyte absolute** |  | *K/cu* |  | **RF** | *IU/mL* |  |  **Dermatophag. farinae** |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **Eosinophil absolute** |  | *K/cu* |  | **ANA screen** | *(positive or non-positive)* |  |  **Dog dander** |  |  |
|  |  |  |  | **Vitamin D (25-hydroxy), Total** | *ng/mL* |  |  **Penicillium Notatum** |  |  |
| **Blood gas (list source:\_\_\_\_)****pH****pCO2****pO2****HCO3** |  | *mmHg**mmHg**mmol/L* |  |  |  |  |  **Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |

**Diagnostic studies (Lung function testing [including spirometry, lung volumes, DLCO and CPET], Chest x-rays, Chest CT, Sputum cultures, Bronchoscopy)**

1. *For bronchoscopy, list available cell count and differential, cytopathology, microbiology, mycology, mycobacterial and virology results*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Test** | **Date** |  |  | **Result** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |

**Notable vitals & physical exam findings (select all positive findings)**

*VITALS:*

 *🞎 Low saturation (≤92% on room air)*

 *🞎 Weight percentile:\_\_\_\_*

 *🞎 Height percentile:\_\_\_\_*

*PHYSICAL EXAM:*

*🞎 Inspiratory wheezing auscultated over glottis*

*🞎 Tonsillar hypertrophy*

*🞎 Adenoid facies (mouth breathing)*

*🞎 Expiratory wheezing*

 *🞎 Auscultated equally over all lung lobes*

*🞎 Inspiratory/Expiratory crackles*

 *🞎 Location of loudest crackle sound:\_\_\_\_\_*

*🞎 Inspiratory wheezing auscultated over glottis*

*🞎 Clubbing*

**Primary Question about this case**