

A. Administrative Data (required for case validation)

Encounter #: _____

The encounter number is the CDB number, not the medical record number. This number should be unique to this patient's stay at your institution.

2. Hospital admission date and time:

Date ___/___/___ (mm/dd/yyyy) Time ___:___ (military time)

3. Hospital discharge date and time:

Date ___/___/___ (mm/dd/yyyy) Time ___:___ (military time)

4. Date of birth: ___/___/___ (mm/dd/yyyy)

B. Demographics

1. Gender: (check one)

Female Male

2. Primary payer: (check one)

- None (uninsured)
- Managed Care: HMO/Medicare Managed Care/Medicaid Managed Care
- Medicaid
- Medicare
- Preferred Provider
- Private/Indemnity/Commercial
- Unknown
- Other (specify) _____

3. Race: (check one)

- African American
- Asian
- Caucasian
- Hispanic
- Native American
- Other (specify) _____

4. Lifestyle: (check one)

- Lives alone
- Lives with spouse/family
- Lives with other (not spouse/family)
- Long-term care/SNF
- Homeless
- Unknown
- Other (specify) _____

C. Presentation

1. Location of first assessment prior to admission: (check one)

- Transfer
- ED
- Clinic/Office
- Home
- Not recorded*/not available

C. Presentation (cont.)

2. First Peak Expiratory Flow Rate (PEFR) prior to admission:

2a. Findings: PEFR _____ L/min
Date: ___/___/___ (mm/dd/yyyy) Time _____ : _____ (military time)

2b. Timing of this PEFR measurement:

- Pre- bronchodilation
- Post- bronchodilation
- Not recorded

*Note: if only one PEFR documented and PEFR obtained more than 60 minutes after presentation, list as final PEFR; and list initial PEFR as "not recorded"

3. Last Peak Expiratory Flow Rate (PEFR) prior to admission:

3a. Findings: PEFR _____ L/min
Date: ___/___/___ (mm/dd/yyyy) Time _____ : _____ (military time)

3b. Timing of this PEFR measurement:

- Pre- bronchodilation
- Post- bronchodilation
- Not recorded

4. First assessment of vital signs prior to admission:

4a. Respiratory rate per minute: _____

4b. Pulse oximetry:

- SaO₂: _____ %
- Oxygen
- Room air

4c. Arterial blood gas:

- PO₂: _____ mmHg
- Oxygen
- Room air

5. First respiratory assessment for pediatric patients:

Wheezing

- On expiration
- Inspiration and expiration
- Silent Chest
- Not recorded

Inspiratory/expiratory ratio

- 2:1
- 1:1
- 1:2
- 1:3
- Not recorded

Accessory muscle use

- None
- +
- ++
- +++
- Not recorded

6. First systemic steroids administered:

Yes (if Yes, answer 7a. and 7b.) No Not recorded

6a. Date and time of first dose: Date: ___/___/___ (mm/dd/yyyy) Time _____ : _____ (military time)

- 6b. PO
 IV
 Unknown

