



AH! Asthma Annals

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MMC

AH! Program

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the FLU SHOT

Causing us more pain than the patient receiving the shot!

the RECOMMENDATION

The Advisory Committee on Immunization Practices of the CDC recommends vaccination for all persons who have asthma, because they are considered to be at risk for complications from influenza.

Got Asthma?



Get AH!

the 2007 LOCAL RATES

36% of the 8,624 adult and pediatric asthma patients in the MMCPHO Clinical Improvement Registry (CIR) were documented to have received the Flu Vaccine in the 2007-2008 Season.

the 3 BEST performing practices

72%, 78% and 85% respectively!

AH! Asthma Educators:

Rhonda Vosmus, RRT, AE-C
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the MESSAGE in the bottle

Innovate over barriers and provide best quality care to your patients.

To learn how the best performing practices achieved their rates please contact the MaineHealth AH! Asthma Health Program. Educational sessions at your office and clinical resources are available.

ASTHMA EDUCATOR FAX REFERRAL FORM ON BACK



Request for Asthma Education Consultation - AH! Asthma Health Program

Date of Request: _____ Insurance: _____ Authorization #: _____

Patient's Name: _____ DOB: _____ Phone (H): _____

Parent's Name: _____ Phone (W): _____

Address: _____

Referring Physician / Primary Care Physician Name: _____

Phone: _____ Fax: _____ Pager/inside line: _____

Consultation Urgency: Urgent (w/in 1 week) _____ Routine (w/in 2-4 weeks) _____ Please call me before seeing this patient

Primary reason for request _____

Current / Pertinent Medications: or, see attached Asthma Action Management Plan

Patient's asthma severity (NHLBI classification):

- Severe persistent
- Moderate persistent
- Mild persistent
- Intermittent
- Unknown

Does patient currently use:

- | | | |
|--------------------|-----|----|
| - Peak flow meter? | Yes | No |
| - Spacer? | Yes | No |

Has patient ...

- | | | |
|--|-----|----|
| - been hospitalized in past year? | Yes | No |
| - been seen in ED in past year? | Yes | No |
| - seen an asthma/pulmonary specialist? | Yes | No |

If yes, name: _____

Please note all areas of instruction needed:

- Asthma education
- Instruction on use of peak flow meter
- Instruction on use of metered dose inhaler with spacer
- Nebulized medication instructions
- Other: _____

Diagnosed Comorbidities:

- | | |
|--------------------------------|-------------------------------------|
| <input type="checkbox"/> CF | <input type="checkbox"/> GERD |
| <input type="checkbox"/> BPD | <input type="checkbox"/> Depression |
| <input type="checkbox"/> COPD | <input type="checkbox"/> Smoking |
| <input type="checkbox"/> CHF | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> CHD | |
| <input type="checkbox"/> Other | |

Follow-up: Please call me after seeing this patient Routine written communication following consultation is adequate

I certify and/or re-certify that the above plan of treatment for asthma education and respiratory services is necessary for the care and treatment of this patient.

Physician signature

Date

Please fax this form to an asthma educator near you and your patient:

Maine Medical Center: Rhonda Vosmus, RRT-NPS, AE-C
Maine Medical Center: Jodie Widor, RN, AE-C
Southern Maine Medical Center: Helen Roy, RRT, AE-C
Maine General Hospital: Matthew Martin, RRT, AE-C

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Phone: (207) 283-6700 Fax: (207) 283-7606
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Thank you for seeing this patient. Please call our office if we can be of further assistance. If additional referrals are made, please communicate these to the patient's PCP to help ensure that our patients receive appropriate approval for additional services.