

## Have You Identified All Students With Asthma?

The purpose of this worksheet is to help you assess whether students with asthma in your school(s) have been identified and are receiving appropriate services to reduce impairment and lower risk of exacerbations by improving control of asthma.

There are about 2,730,751 children in Ohio. About 14% (13.7%) or nearly 3 in 20 Ohio children (374,113) has asthma. School asthma screenings and surveys reported in the literature have consistently reported under-diagnosis of asthma among students. The following questions will help to determine if most students with asthma have been recognized in your school.

- 1) The expected number of children with asthma in my school building is [b] \_\_\_\_\_.  
 (Calculation - total number of children in my school building [a] \_\_\_\_\_ times 0.137(13.7%) = [b] \_\_\_\_\_ )
- 2) The actual number of children reported to have asthma in my school is [c] \_\_\_\_\_ .
- 3) Out of 10 children with asthma: 2 (20%) have intermittent asthma, 3 (30%) have mild persistent asthma, 3 (30%) have moderate persistent asthma and 2 (20%) have severe persistent asthma. Approximately 80% of children with asthma have persistent asthma (mild plus moderate plus severe) and 20% have intermittent asthma. (See \_\_\_ “Checklist for Identifying Persistent Asthma”).
- 4) The number of children in my school that are expected to have persistent asthma is the total expected number of children with asthma (b) times 0.08 = [d] \_\_\_\_\_ .
- 5) The actual number of students that have been identified as having persistent asthma in my school is [e] \_\_\_\_\_ .
- 6) The number of students known to be taking control medications (see below) at my school is \_\_\_\_\_. The number taking inhaled corticosteroid (ICS) medicines is \_\_\_\_\_.

**ICS control medicines for Asthma:** Flovent®, QVar®, Pulmicort® or budesonide, Asmanex®, Alvesco®, Advair®, Dulera®, Symbicort® **Other control medicines for Asthma:** Singulair®, theophylline, Tilade®

- [a] = total number of students in your school building  
 [b] = expected number of children with asthma  
 [c] = actual number of children reported to have asthma  
 [d] = expected number of children with persistent asthma  
 [e] = actual number of children identified with persistent asthma

*Use of objective measures of airflow (peak flow and forced expiratory volume in one second [FEV1]) makes it possible to identify students with uncontrolled asthma who would otherwise miss detection due to the absence of overt symptoms, such as wheezing and shortness of breath and those who have not experienced easily recognizable episodes of asthma during school activities. Assessment of asthma control is inadequate when symptom-reports and observed exacerbations alone are used to evaluate the adequacy of treatments and self-management. For more information on this key asthma assessment tool- see D-8 “A Vital Sign for Asthma - Measure Airflow!”*