Dear Clinician,

For the past two years, the Easy Breathing program has been piloting a school-based asthma program called Building Bridges for Asthma Care in Hartford Public Schools. You are receiving this newsletter because either one of your patients was enrolled in the Building Bridges program and you received a letter from the program or you have a high likelihood of receiving communication from a school nurse in Hartford in the next year.

Building Bridges reduced school absenteeism for participating children by almost 12%. This is a phenomenal decrease in absenteeism. Based upon the success of the program and with input from the school nurses and from clinicians in multiple focus groups, we have streamlined and modified the program in a way that it can be self-sustaining with minimal support from the Easy Breathing staff. This program, adapted from Building Bridges will be called Easy Breathing for Schools.

As part of Easy Breathing for Schools, school nurses in Hartford will identify children at risk for poor asthma outcomes, will assess their understanding as well as parental understanding of the child’s asthma treatment, and will assess asthma control using the Asthma Control Test and an Inhaler Technique Checklist. We have created a simple way for the nurses to communicate any concerns or problems with you using the Asthma Referral Checklist which is on the back of this newsletter. As you requested during focus groups that were held with three primary care clinician groups in Hartford, school nurses will alert you only to problems related to asthma that the child is experiencing. We hope that you will find this information useful and encourage you to communicate your concerns with the school nurse.

How can you help to improve asthma care? Make sure every child with asthma has a written Asthma Treatment Plan and provide the school nurse with a copy of the child’s Asthma Treatment Plan. When completing the Medication Authorization (what asthma medications are to be used in school), circle the child’s asthma severity. With this approach to asthma, the school nurse can reinforce the treatment, assure that the family understands the treatment and encourage adherence to the therapy.

We hope that you will find this program helpful in managing your patients with asthma. If you have any questions, comments or concerns about Easy Breathing for Schools please feel free to contact Christine Langton, MSW, MPH at 860-837-5332 or clangton@connecticutchildrens.org.
ASTHMA REFERRAL CHECKLIST

Date: __________________
Child’s Name: __________________
Child’s Date of Birth: __________________

Dear Doctor,

The above referenced child has asthma and has been evaluated by the school nurse. I am contacting you because

☐ Child was sent home on ______________ for an acute asthma attack and was instructed to call your office and schedule an appointment.

☐ Child has been seen in the nurse’s office ____ times in the past ______ for asthma symptoms. Symptoms were / were not (CIRCLE ONE) completely relieved by 2 puffs of the child’s rescue medication. The child’s Asthma Control Test score is ______.

☐ Child is experiencing asthma symptoms but has no rescue medication in school.

☐ Child missed ______ days of school (check one)
   _____ in the past school year.
   _____ to date this school year.

☐ Child continues to demonstrate poor inhaler technique despite education.

☐ Parent has an Asthma Treatment Plan but is unable to accurately verbalize how to treat the child’s asthma.

☐ Parent states that (s)he does not have a copy of the child’s Asthma Treatment Plan.
   Please mail family a copy of the child’s Asthma Treatment Plan. The family’s current address is:
   ______________________________________________________
   ______________________________________________________

☐ Other: ___________________________________________________

   I hope that this information is useful to you. If you need additional information or would like to speak with me, I can be reached at: ________________________.

Sincerely,

Print Name: __________________

Date: __________________
Child’s Name: __________________
Child’s Date of Birth: __________________

For Nurse Use Only: