Georgia Department of Public Health

Brenda Fitzgerald, MD, Commissioner | Nathan Deal, Governor

2 Peachtree Street NW, 15th Floor
Atlanta, Georgia 30303-3142
www.health.state.ga.us

29 April 2015

NOTICE OF PROPOSED RULEMAKING

Proposed Addition to DPH Regulation Chapter 511-2-1 "Pilot Study for the Reporting of Pediatric Asthma Deaths"

Please take note that the Department of Public Health proposes to add the attached administrative regulation to Chapter 511, pursuant to its authority under O.C.G.A. §§ 31-2A-6 and 31-12-2. These proposed rules also may be found on our website at **http://health.state.ga.us/**.

The Department wishes to establish a pilot project for the collection of data concerning pediatric asthma deaths, which vital records data suggest number between zero and thirteen each year. This regulation is intended to require reporting of data concerning pediatric deaths in which asthma is a contributing factor in order to design new or expand existing interventions to reduce pediatric asthma deaths in Georgia. The reporting requirement shall apply to the attending physician and to any physician, coroner, or medical examiner who examines the remains of the deceased. Reporting shall be made through fax or an online portal which shall be established for that purpose. The Department proposed to require reporting on deaths occurring between the effective date of the regulation and 31 December 2018, unless the regulation is extended or made permanent at a later date through rulemaking.

Interested persons may submit comments on these proposed revisions in writing addressed to:

Sidney R. Barrett, Jr.
General Counsel
Georgia Department of Public Health
2 Peachtree Street, NW
15th Floor
Atlanta GA 30303

Comment may also be presented in person at a public meeting scheduled for 2:00 p.m., 26 May 2015, in "Adina's Room" 9-260 at 2 Peachtree Street, NW, 9th Floor, Atlanta GA.

Sidney R. Barrett, Jr.
General Counsel

RULES OF THE
DEPARTMENT OF PUBLIC HEALTH

CHAPTER 511-2-1
NOTIFICATION OF DISEASE

511-2-1-.05 Pilot Study for the Reporting of Pediatric Asthma Deaths.

(1) It shall be the duty of every physician, coroner, and medical examiner that attends or examines the remains of a patient under the age of 18 years old in circumstances indicating that asthma was or may have been the cause of or a contributing factor to death. It is the intent of this Rule that only one report shall be made for a particular patient, and there shall be no duty to report if a complete and accurate report has already been made by another physician, coroner, or medical examiner who has examined the patient.

(2) Reports shall be made to the Department within ten days of death or examination, through an online portal set up for that purpose.

(3) This Rule shall be effective for deaths occurring on or after the effective date of this Rule, and shall remain in effect until 31 December 2018 unless extended.

Authority: O.C.G.A. Secs. 31-2A-6, 31-12-2.

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CONFIDENTIAL

Pediatric Asthma Mortality Report

This form should be completed for the death of a child who has been diagnosed with asthma or whose cause of death was related to asthma. Medical examiners, coroners and persons who report deaths or sign death certificates should report pediatric asthma deaths to the Department of Public Health, Chronic Disease Prevention Section within 7 days of a pediatric asthma death occurrence. Complete this form in its entirety and attach a copy of the case records. If submitting information from a non-medical facility, omit the clinical section (pages 2 -3).

Fax forms to 404-463-8954.

DEATH CERTIFICATE NUMBER _____ **HOSPITAL CHART NUMBER** _____

DEMOGRAPHICS OF THE DECEASED

Name _____ Date of Birth _____

Race (check all that apply)

- □ White or Caucasian
- □ Black or African American
- □ Asian
- □ American Indian and Alaskan Native
- □ Native Hawaiian or Pacific Islander
- □ Multiracial
- □ Other; please specify _____
- □ Unknown

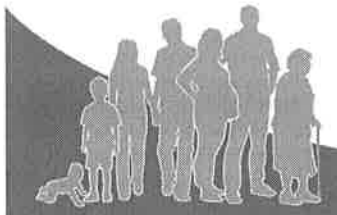
Ethnicity

- □ Hispanic or Latino
- □ Not Hispanic or Latino
- □ Unknown

Deceased Address (Street, City, State, Zip code) _____

Residence County _____ Residence State (if not GA) _____

Name and location of school (Street, City, State, Zip code) _____



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CIRCUMSTANCES PRECEDING DEATH (acute presentation)

Name of adult witnessing start of asthma episode:

Start of asthma symptoms: (Date) (Time)

Place asthma symptoms began

- ☐ Home or residence
- ☐ School
- ☐ Other; please specify:_____
- ☐ Not documented

Known or suspected exposures 24 hours prior to death

- ☐ Upper respiratory infection
- ☐ Exercise
- ☐ Pollen
- ☐ Pets (Animal dander)
- ☐ Smoke
- ☐ Stress
- ☐ Other _____
- ☐ Not documented

LOCALITY WHERE DEATH OCCURRED

Place of Death

- ☐ Home of residence
- ☐ Ambulance during EMS transport
- ☐ Emergency Room
- ☐ Other; please specify _____
- ☐ Hospital
- ☐ Unknown

County State (if not GA)

CLINICAL INFORMATION

ADMISSION AT INSTITUTION WHERE DEATH OCCURRED OR WHERE IT WAS REPORTED

Date of admission Time of admission

Date of death Time of death

Status on admission (check all that apply)

- ☐ Unconscious
- ☐ Airway obstruction
- ☐ Respiratory distress
- ☐ Respiratory arrest
- ☐ Cardiac arrest
- ☐ Allergic reaction
- ☐ Seizures
- ☐ Other; please specify

Condition on admission

- ☐ Stable
- ☐ Dead on arrival
- ☐ Critically ill
- ☐ Other; please specify _____

Signs and symptoms

- ☐ Cyanotic
- ☐ Respiratory distress
- ☐ Vomiting
- ☐ Wheezing
- ☐ Cough
- ☐ Retractions
- ☐ Abnormal breath sounds
- ☐ Other; please specify _____
- ☐ Asymptomatic
- ☐ Not documented

Viral Samples/labs (to be completed later, once results are available)

Lab	Result

Interventions

Prior to arrival		EMS	
□ Albuterol	□ Levalbuterol	□ Intubation	□ CPR
□ Epi-pen	□ AED	□ Defibrillation	□ Chest tube
□ CPR	□ Inhaled corticosteroid	□ Oxygen	□ Albuterol
□ Leukotriene Inhibitor	□ Mast cell inhibitor	□ Levalbuterol	□ Atropine
		□ Epinephrine	□ Na Bicarb
□ OTC medication	□ Other	□ Other; please specify_____	

Emergency Department

□ Intubation	□ Mechanical ventilation
□ Bilevel ventilation	□ CPR
□ Defibrillation	□ Oxygen
□ Chest tube	□ Other; please specify

REPORTED PATIENT HISTORY

Asthma medications prescribed in the past 12 months

Type	Number	Last date used
Reliever (i.e.: Albuterol)		□ Today □ Past 7 days □ Past 30 days
Controller (i.e.: Inhaled corticosteroids)		□ Today □ Past 7 days □ Past 30 days

Known Allergies (check all that apply)

□ Food	□ Pets	□ Insects
□ Environmental	□ Unknown	

Allergy history

Allergy	Date noted	Type of test	Class/Severity	Anaphylaxis?	Epi pen?

Number of previous anaphylaxis episodes: _____

History of comorbid conditions (check all that apply)

□ Prematurity	□ Cardiac disease	□ Chronic lung disease of prematurity	□ Allergic rhinitis/sinusitis	□ GERD
□ Obesity	□ Sleep apnea	□ Aspirin/NSAID sensitivity	□ Eczema	□ Other; please specify _____

Smoke exposure (check all that apply)

□ Tobacco smoking □ Past 7 days □ Past 30 days	□ Living with tobacco smoker □ Past 7 days □ Past 30 days	□ Tobacco smoke exposure in car or home other than primary residence □ Past 7 days □ Past 30 days
□ Current use of wood stove or fireplace □ Past 7 days □ Past 30 days	□ Forest or brush fire smoke exposure □ Past 7 days □ Past 30 days	□ No smoke exposure □ Past 7 days □ Past 30 days

Medical/Psychological/Behavioral History

Type	Number of visits (past 2 months)	Chief complaint	Interventions	Diagnosis
Primary care			□ Hospitalized □ None □ Not documented	□ Asthma □ ADHD □ Depression □ Anxiety disorder □ Other
Specialist			□ Hospitalized □ None □ Not documented	□ Asthma □ ADHD □ Depression □ Anxiety disorder □ Other
Hospitalization			□ PICU □ Intubated □ Other	□ Asthma □ ADHD □ Depression □ Anxiety disorder □ Other
ED visit			□ PICU □ Intubated □ Other	□ Asthma □ ADHD □ Depression □ Anxiety disorder □ Other

END OF REPORTED PATIENT HISTORY

Autopsy performed? ☐ Yes ☐ No

If yes, please report gross findings and send the detailed report later

CASE SUMMARY

Please provide a short summary of the events surrounding the death.

THIS FORM COMPLETED BY

Name | Title

Office/Department

Case number (if assigned by reporting office)

Telephone | Fax

Date | Signature