

2 Peachtree Street NW, 15th Floor Atlanta, Georgia 30303-3142 dph.ga.gov

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.

DEATHCERTIFICATE NUMBER	HOSPITAL CHART NUMBER
DEMOGRAPHICS OF THE DECEASED	
Name	Date of Birth
Race (check all that apply)	
□ White or Caucasian	□ Native Hawaiian or Pacific Islander
□ Black or African American	□ Multiracial
□ Asian	□ Other; please specify
□ American Indian and Alaskan Native	□ Unknown
Ethnicity	
☐ Hispanic or Latino	□ Unknown
□ Not Hispanic or Latino	- Ominowiii
a rot moparito or Laurio	
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 witness	ing start of asthma episod	e:			
Start of asthma sympton	ns: (Date)	(Time)			
Place asthma sympton	ns began				
☐ Home or residence		□ School			
□ Other; please specify:		□ Not doc	umented		
	xposures 24 hours prior to				
□ Upper respiratory int		□ Pollen		Pets (Animal dander)	
□ Smoke	□ Stress	□ Other		Not documented	
LOCALITY WHERE DEA	ATH OCCURRED				
Place of Death					
□ Home of residence		□ Ambula	ance during EMS tra	nsport	
□ Emergency Room			please specify	•	
□ Hospital		□ Unkno		_	
'					
County		State (if not GA)			
CLINICAL INFORMATION	ON				
ADMISSION AT INSTITU	JTION WHERE DEATH OCC	URRED OR WHERE IT	WAS REPORTED		
Date of admission		Time of admission			
		_			
Date of death		Time of death			
		_			
Status on admission (
□ Unconscious	□ Airway obstructio		•	Respiratory arrest	
□ Cardiac arrest	□ Allergic reaction	□ Seizures		Other; pleasespecify	
Condition on admissio	n				
□ Stable		□ Dead on	arrival		
□ Critically ill	□ Other; please specify				
Signs and symptoms					
□ Cyanotic	□ Respiratory distress	□ Vomiting	□ Wheezing	□ Cough	
□ Retractions	□ Abnormal breath	□ Other; please	□ Asymptomatic	□ Not documented	
	sounds	specify	_ / to j in promatio	_ not accumented	



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Lab			Result	,				
Interventions			T					
Prior to arrival			EMS					
□ Albuterol	□ Levalbuterol		□ Intubation	□ CPR				
□ Epi-pen	□ AED			□ Defibrillation □ Chesttube				
□ CPR	□ Inhaledcortico			□ Oxygen □ Albuterol				
□ Leukotriene	□ Mast cellinhib	oitor		□ Levalbuterol □ Atropine				
Inhibitor	-		□ Epinephrine	□ NaBicarb				
□ OTC medication	□ Other		□ Other; please	specify				
			y Department					
		□ Intubation	□ Mechanical v	entilation				
		 Bilevel ventilatio 						
		 Defibrillation 	□ Oxygen					
		□ Chesttube	□ Other; pleas	e specify				
REPORTED PATIEN								
Asthma medication	ns prescribed in the	•	T -					
Туре		Number	Last date used					
Reliever (i.e.: Albu			□ Today □ Past 7 days □ Past 30 days					
Controller (i.e.: Inhaled			□ Today □ Past 7 days □ Past 30 days					
corticosteroids)								
<u> </u>								
Known Allergies (c	· · · ·	<i>'</i>			1			
□ Food		Pets	□ Insects					
□ Environmental □ Unknown								
Allergy history	I			1	1			
Allergy	Date noted	Type of test	Class/Severity	Anaphylaxis?	Epi pen?			
			1	1				
_								



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•	History of comorbid conditions (check all that apply)						
□ Prematurity	□ Cardiacdisease		•		lergic tis/sinusi	□ GEF	RD
			ematurity	1111111	แร/รแนรเ	แร	
□ Obesity	□ Sleep apnea	•	Aspirin/NSAID	□ Fo	rzema	□ Oth	er; please
- Obesity	□ Oleep aprica	sensitivity					-
		- 30	Sensitivity			specify	
Smoke exposure (check all that apply							
□ Tobacco smoking		□ Living with tobacco smoker			□ Tobacco smoke exposure in card		
□ Past 7 days □ Past	:30 days	□ Past 7 days □ Past 30 days			home other than primary residence		
				□ Past 7 days □ Past 30 days			
□ Currentuse of wood	Istoveor	□ For	est or brush fire sm	oke ex	xposure	□ No smoke exposure	
fireplace							
□ Past 7 days □ Past	□ Past 7 days □ Past 30 days □ Pa		st 7 days 🗆 Past 3	0 days	S	□ Past 7 days □ Past 30 days	
Medical/Psychologica			T		T		T
Туре	Number of visits (past		(past Chief complaint Interve		ntions	Diagnosis	
	2 months)						
Primary care					-	oitalized	□ Asthma
					□ None		□ ADHD
					□ Not o	locumented	 Depression
							□ Anxiety disorder
							□ Other
Specialist						oitalized	□ Asthma
					□ None		□ ADHD
					□ Not o	locumented	□ Depression
							 Anxiety disorder
							□ Other
Hospitalization					□ PICU		□ Asthma
					□ Intub		□ ADHD
					□ Othe	r	□ Depression
							□ Anxiety disorder
							□ Other
ED visit					□ PICU		□ Asthma
					□ Intub	ated	□ ADHD
					□ Othe	r	□ Depression

END OF REPORTED PATIENT HISTORY

□ Anxiety disorder

□ Other



J. Patrick O'Neal, M.D., Commissioner | Nathan Deal, Governor

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Autopsy performed?	□ Yes	□ No			
	If yes, please re	port gross findings and send the detailed report later			
CASE SUMMARY	•				
Please provide a short summa	ry of the events sur	rrounding the death.			
THIS FORM COMPLETED BY					
Name		Title			
Office/Department					
Case number (if assigned by reporting office)					
Telephone Fax					
Date		Signature			