

Chart # 1 +

[Encounter Entry Instructions](#)

For the Baseline Survey please answer the following questions retrospectively.
For the PDSA Cycle 1 and PDSA Cycle 2 Survey please answer these questions prospectively/actively as you see your patients.

[Questions Skipped Based on Selection](#)

1. What is/was the current age of the patient (in months) at the evaluation?

- 1 month
- 2 months
- 3 months
- 4 months
- 5 months
- 6 months
- 7 months
- 8 months
- 9 months
- 10 months
- 11 months
- 12 months

2. What is the patient's biological sex as assigned at birth?

- Male
- Female
- Intersex

3. Did this patient ever have eczema?

- Yes
- No
- Unknown (i.e. Did not document and/or assess)

3A. If the answer is "unknown" please select a reason:

- Did not document
- Did not assess
- Uncertain
- Other

4. What was the severity of the eczema at its worst? (Per the NIAID Addendum Guidelines, 'severe eczema' is defined as frequent topical corticosteroid use and/or calcineurin inhibitors despite appropriate emollient use)

- Mild/Moderate
- Severe
- Unknown

4A. If the answer is "Unknown", please select a reason:

- Did not document
- Did not assess
- Uncertain of eczema severity
- Other

5. Has this patient ever been diagnosed with an IgE mediated food allergy?

- Yes
- No

6. To which foods has this patient been diagnosed with an IGE mediated food allergy? Please select all that apply.

- Peanut
- Milk
- Egg
- Tree nuts
- Fish
- Shellfish
- Soy
- Wheat
- Sesame
- Other (Please be specific)

7. Is this patient considered 'high risk' for the development of peanut allergy based upon the criteria outlined in the National Institute of Allergy and Infectious Diseases (NIAID) Addendum Guidelines for the Prevention of Peanut Allergy?

- Yes
- No

8. Have you ever ordered a peanut specific IgE blood test for this patient?

- Yes
- No

9. How old was the patient (in months) when the order was placed?

- 1 month
- 2 months
- 3 months
- 4 months
- 5 months
- 6 months
- 7 months
- 8 months
- 9 months
- 10 months
- 11 months
- 12 months

10. Have you ever placed a referral to an allergist for this patient?

- Yes
- No

11. How old was the patient (in months) when the referral was made?

- 1 month
- 2 months
- 3 months
- 4 months
- 5 months
- 6 months
- 7 months
- 8 months
- 9 months
- 10 months
- 11 months
- 12 months

12. Did you ever discuss early peanut introduction with this patient's family?

- Yes
- No

13. What [was/is] the age of the child (in months) when you first discussed peanut introduction?

- 1 month
- 2 months

- 3 months
- 4 months
- 5 months
- 6 months
- 7 months
- 8 months
- 9 months
- 10 months
- 11 months
- 12 months

14. Before the first discussion, was the patient ever introduced to peanut by their family?

- Yes
- No

15. If the patient has been introduced to peanut previously, at what age (in months) did the parents introduce peanut?

- 1 month
- 2 months
- 3 months
- 4 months
- 5 months
- 6 months
- 7 months
- 8 months
- 9 months
- 10 months
- 11 months
- 12 months
- Unknown

15A. If you answered "Unknown" please specify the reason:

- Parent cannot recall
- Timing of introduction not documented in the chart
- None of the above

16. What recommendations about peanut feeding, if any, did you provide the family?
(Please select all that apply)

- Feed peanut freely
- Feed peanut with certain precautions
- Delay peanut introduction until seeing an allergist
- Avoid peanut
- No recommendations were provided

17. At what age of the child (in months) did you recommend that peanut be introduced?

- 1 month
- 2 months
- 3 months
- 4 months
- 5 months
- 6 months
- 7 months
- 8 months
- 9 months
- 10 months
- 11 months
- 12 months
- Unknown

17A. If you answered "Unknown" please specify the reason:

- Parent cannot recall

- I made no recommendations
- Not documented
- None of the above

18. Did you recommend a minimum frequency or quantity of peanut consumption?

- Yes No

19. What minimum frequency of peanut consumption did you recommend?

- 1 time/week
- 2 times/week
- 3 times/week
- 4 times/week
- 5 times/week
- 6 times/week
- 7 times/week

20. What minimum quantity of peanut consumption did you recommend?

- Less than ¼ teaspoon
- Approx. ¼ teaspoon
- Approx. ½ teaspoon
- Approx. 1 teaspoon
- 1-1 ½ teaspoons
- 1 ½ - 2 teaspoons
- 2 - more than 2 teaspoons

21. Has the child ever had an allergic reaction to peanut?

- Yes
 No

21A. Per report or recollection, would you consider the reaction to have been anaphylaxis?

- Yes
 No

**21B. If the child had an allergic reaction to peanut, which of the following did you do?
(Please select all that apply)**

- Give the family an allergy action plan
- Teach the family how to read a food label to avoid peanut
- Teach the family how to administer epinephrine
- Prescribe an epinephrine autoinjector
- Refer family to an allergist

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