THE AIRBORNE HAZARDS REGISTRY INITIAL IN-PERSON EVALUATION

A Guide for Veterans and Providers

WRIISC
War Related Illness & Injury Study Center

VA
U.S. Department of Veterans Affairs
Veterans Health Administration
Office of Public Health

Whether you are a VETERAN who has requested an in-person Airborne Hazards evaluation or a PROVIDER getting ready to see a Veteran about these concerns, you may be wondering what to expect from this clinical visit. Here are four easy steps and some recommendations for Veterans and Clinicians to make the most of your time together.

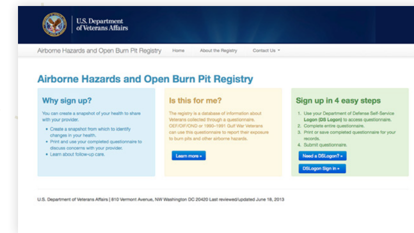
STEP ONE: Before the In-Person Evaluation

In many ways, the Airborne Hazards Registry initial in-person evaluation is similar to any encounter between a clinician and a Veteran.

To help both of you best prepare for the visit:

VETERANS should:

a. Consider bringing a copy of your Self-Assessment Questionnaire (SAQ) responses for your records and to bring to your medical visits.



REVIEWING THE SAQ PRIOR TO OR AT THE BEGINNING OF AN ENCOUNTER HELPS PROVIDERS GET TO IMPORTANT ISSUES MORE QUICKLY.

b. Have your questions written down.

c. Clearly tell your provider and team why you are in the clinic.

PROVIDERS should:

a. Access the electronic medical record (CPRS) and enter a new note using the ***Airborne Hazard/Burn Pit Registry Initial Evaluation Note Template***.

THIS TEMPLATE HELPS PROVIDERS WITH A STANDARD FORMAT FOR A THOROUGH EVALUATION.

b. Review the SAQ before seeing the Veteran or at the very beginning of the airborne hazards clinical encounter. The easiest way to access the SAQ responses is through the web link provided in the CPRS note template.

c. Ask the Veteran, “What are your specific concerns or questions about airborne hazards?”

STEP TWO: The In-Person Evaluation

VETERANS and **PROVIDERS** both benefit from gathering all of the necessary information in an organized way. During the visit:

VETERANS should be prepared to discuss:

- The primary reason for the visit
- Important deployment history and exposures of concern
- Important symptoms and health history
  - Current symptoms- intensity, duration, onset, what makes them better or worse
  - How the symptoms interfere with daily life
  - Established health conditions, including onset and work up to date
  - Concerns about the possible causes
- Other factors that may affect the management plan or overall health
  - Mental health concerns
  - Tobacco, alcohol or other substance use
  - Family history including birth defects

PROVIDERS should:

- Perform a physical examination addressing body systems of concern, including:
  - Ears, nose and throat
  - Heart and blood vessels
  - Lungs
  - Abdomen
  - Extremities.
- Review diagnostic work-up to date, including:
  - Heart rate, blood pressure, breathing rate, temperature
  - Pulse oximetry (oxygen content of blood)
  - Complete blood count (anemia)
  - Chest x-ray (structural abnormalities of lungs and chest)
  - Spirometry (lung function)

STEP THREE: Formulate and Discuss the Assessment

Using the information gathered in the encounter so far, the **PROVIDER** will:

- Form and communicate an assessment of the Veteran's health problems.
- Indicate recommendations for next steps.

VETERANS, DURING THIS TIME, THE PROVIDER WILL ANSWER ANY QUESTIONS YOU MAY HAVE.

This assessment may include specific diagnoses, such as reactive airway disease (asthma) or may indicate more general areas of concern, such as decreased exercise tolerance.

STEP FOUR: Work Together - *Create a Veteran-Centered Plan*

Finally, the **VETERAN** and **PROVIDER** should agree on an action plan for next steps. This might include additional blood or diagnostic testing, referral to a specialist, changing behaviors (such as quitting tobacco use or increasing activity level), or even "watchful waiting."

- The decision to have specialty evaluations should be based on the individual Veteran's concerns and symptoms, findings on initial evaluation, and the comfort level of the primary care team. Some specialty consultations that may be of relevance include:
  - » Pulmonary
  - » Allergy/immunology
  - » Ear, nose and throat
- Veterans with more complicated health issues or concerns may require advanced specialty diagnostic assessment. Specialty testing may include the following:
  - » Otolaryngology for upper airway and vocal cord assessment.
  - » Full lung function tests with methacholine challenge test to confirm suspected lung dysfunction.
  - » High-resolution chest CT (prone and supine, expiratory views) to confirm suspected lung structural abnormalities.
  - » Cardiopulmonary exercise stress test to confirm heart and blood flow problems.
  - » Bronchoscopy and consideration for lung biopsy in very selected cases to confirm presence of serious disease.

THE PLAN, even watchful waiting, should include ***explicit dates for follow up*** and ***specify which healthcare team members will engage with the Veteran to implement the plan***.

As a final check, the **PROVIDER** should have the **VETERAN** "teach back" the plan to ensure agreement and understanding. The provider concludes with documentation of the plan in the electronic medical record.

THE SUCCESSFUL ENCOUNTER

VETERANS and PROVIDERS both want the same things when it comes to addressing airborne hazard concerns:

- ☑ **Understanding and documenting the Veteran's concerns.**
- ☑ **Understanding the relationship between airborne hazard exposures and health.**
- ☑ **Completing a thorough clinical evaluation.**
- ☑ **Understanding the most up-to-date information to make good decisions and take action.**
- ☑ **Creating a plan of action with timelines for completion, defined team roles, and follow up.**

To learn more, visit http://www.publichealth.va.gov.

This document was developed by the War Related Illness & Injury Study Center (WRIISC)
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