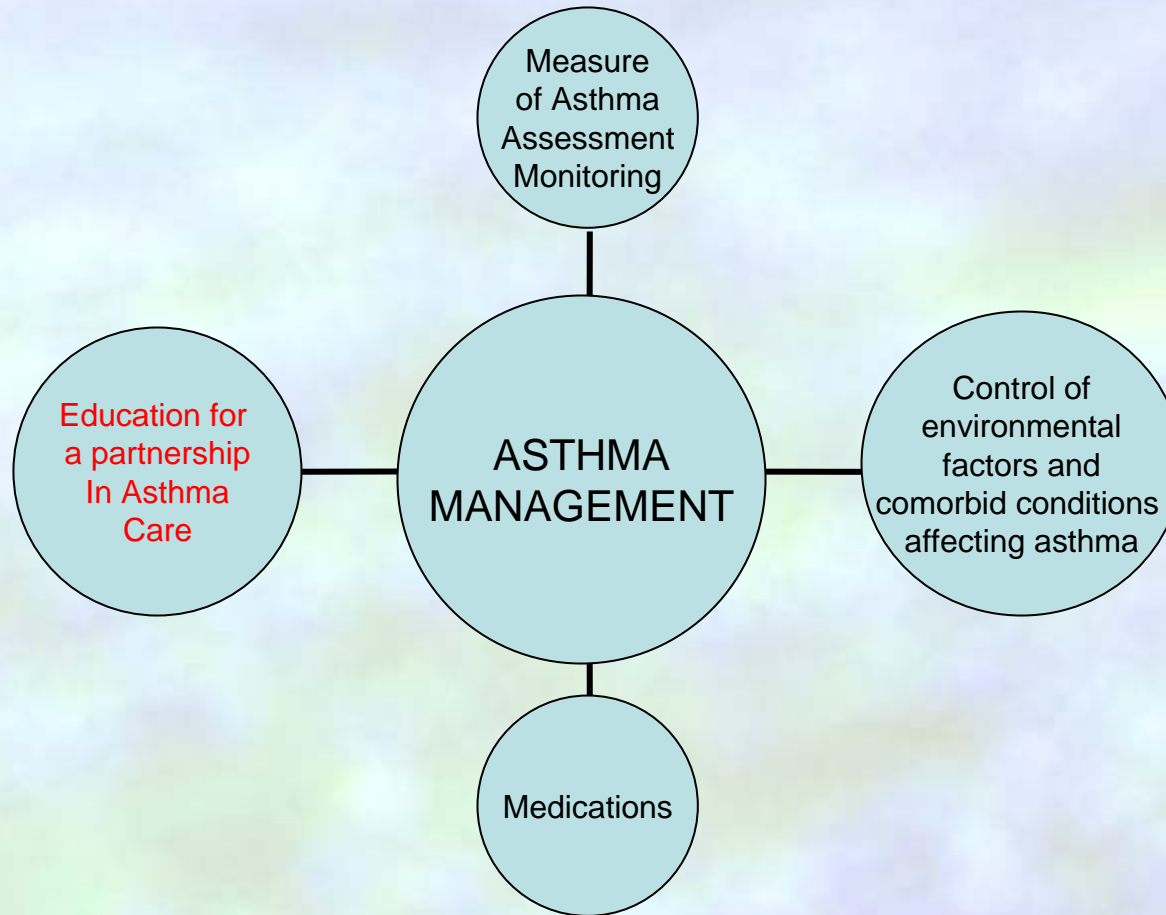




Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma 2007

Asthma Education Across the Continuum

Asthma Components



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Key Differences from the 1997 and 2002 EPR

- Emphasis...potential points of care and sites available...provide asthma education, including a review of...the efficacy...asthma self management education outside the usual office setting.
- Emphasis...written Asthma Action Plan: 1) daily management and 2) how to recognize and handle worsening asthma.
- New sections on the impact of cultural and ethnic factors and health literacy that affect delivery of asthma self-management education.

Component 2: Education for a partnership in Asthma Care

KEY POINTS: EDUCATION FOR A PARTNERSHIP IN ASTHMA CARE

- Asthma self-management education is essential to provide patients with the skills necessary to control asthma and improve outcomes (Evidence A).
- Asthma self-management education should be integrated into all aspects of asthma care, and it requires repetition and reinforcement. It should:
 - Begin at the time of diagnosis and continue through followup care (Evidence B).
 - Involve all members of the health care team (Evidence B).
 - Introduce the key educational messages by the principal clinician, and negotiate agreements about the goals of treatment, specific medications, and the actions patients will take to reach the agreed-upon goals to control asthma (Evidence B).
 - Reinforce and expand key messages (e.g., the patient's level of asthma control, inhaler techniques, self-monitoring, and use of a written asthma action plan) by all members of the health care team (Evidence B).
 - Occur at all points of care where health professionals interact with patients who have asthma, including clinics, medical offices, EDs and hospitals, pharmacies, homes, and community sites (e.g., schools, community centers) (Evidence A or B, depending on point of care).
 - ◆ Strong evidence supports self-management education in the clinic setting (Evidence A).
 - ◆ Observational studies and limited clinical trials support consideration of focused, targeted patient education in the ED setting (e.g., teaching inhaler technique and providing an ED asthma discharge plan with instructions for discharge medications and for increasing medication or seeking medical care if asthma should worsen). Studies demonstrate the benefits of education in the hospital setting (Evidence B).
 - ◆ Studies of pharmacy-based education directed toward understanding medications and teaching inhaler and self-monitoring skills show the potential of using community pharmacies as a point of care for self-management education. Studies report difficulties in implementation, but they also demonstrate benefits in improving asthma self-management skills and asthma outcomes (Evidence B).
 - ◆ Studies demonstrate the benefits of programs provided in the patient's home for multifaceted allergen control, although further evaluation of cost-effectiveness and feasibility for widespread implementation will be helpful (Evidence A).

What about our kid?

- Pedi Asthma Pathway
- Core Measure
- Steroids
- Reliever Meds
- Asthma Action Plan
 - Controller/Rescue Meds
 - Delivery devices
 - Signs/Symptoms or Peak Flows
 - Patient Specific Triggers
 - Seton/Asthma COPD Program
- Expanded Asthma Education Class
- Clinic, AE Office, or Home Visit
- Coordinated Care with patient primary care home/funding sources
- Coordinated Care with school/day care
- 3-6-12 month follow-up

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Central Texas Asthma Action Plan

CENTRAL TEXAS ASTHMA ACTION PLAN

To be completed by Physician, Designer and signed by Physician Date _____

Patient Name _____ Date of Birth _____

Has the patient ever been admitted to ICU? () Yes () No Date in School _____

Has the patient ever required mechanical ventilation? () Yes () No

Please sign this patient's asthma. Refer to these classes adopted from the NAEPP Asthma Management Guidelines.

Asthma Classification by Physician: () Mild intermittent () Moderate persistent () Mild persistent () Severe persistent

Classification	Days with symptoms	Nights with symptoms	FEV1 or PEF
Severe persistent	Continuous	Frequency	< 50%
Moderate persistent	Daily	> 3x/month	> 60% to < 80%
Mild persistent	> 2x/week	1 to 3x/month	> 80%
Mild intermittent	< 2x/week	< 2x/month	> 80%

PREDICTED NORMAL PEAK FLOW READING: _____

GREEN ZONE: No signs or PF 80-100% of Predicted Normal or Personal Best – Take Preventative Medication

PEAK FLOW FROM _____ TO _____

You have all of these:

- Breathing is good
- No cough or wheeze
- Sleep through night
- Can work and play

1. Does this patient have Exercise Induced Asthma? () Yes () No If yes, what medication should be given for EIA? _____

Take contingency of the medicines: 15-30 minutes before physical activity as needed

ALBUTEROL 2 puffs MDI & chamber ALBUTEROL 1 vial in nebulizer

XOPRENEX 2 puffs MDI & chamber XOPRENEX 1 vial in nebulizer

OTHER: _____

YELLOW ZONE: Caution Signs or PF 50 – 79% of Predicted Normal or Personal Best – Continue Preventative Medication

PEAK FLOW FROM _____ TO _____

You have any of these:

- First signs of a cold
- Exposure to known trigger
- Coughing doesn't stop
- Wheezes
- Chest tightness

In case of an asthma exacerbation, what quick-relief medication should be used? Take contingency every 4-6 hours as needed for 24-48 hours. Recheck peak flow 15 minutes after treatment.

ALBUTEROL _____ puffs MDI & chamber ALBUTEROL 1 vial in nebulizer

XOPRENEX _____ puffs MDI & chamber XOPRENEX 1 vial in nebulizer

OTHER: _____

If treatment are needed for longer than 24-48 hours, call your doctor.

RED ZONE: Danger Signs or PF Below 50% of Predicted Normal or Personal Best – Continue Preventative Medication

PEAK FLOW BELOW _____

Your asthma is getting worse fast:

- Medicine isn't helping
- Swelling in head and face
- Nose opens wide
- Ribs show during breathing
- Can't talk well
- Wheeze & exhale wheeze

1. In case of an asthma exacerbation, what quick-relief medication should be used? Take contingency every 15 minutes for up to three treatments only. Recheck peak flow 15 minutes after treatment.

ALBUTEROL _____ puffs MDI & chamber ALBUTEROL 1 vial in nebulizer

XOPRENEX _____ puffs MDI & chamber XOPRENEX 1 vial in nebulizer

OTHER: _____

2. Get immediate medical attention – Call your doctor. If at school, go to the nurse. Or, call 911.

Physician signature: _____ Physician name: _____ Telephone: () _____ Date: _____

For children in school: School Name: _____ School district: _____

I, the above signed physician, certify that the above named student has asthma and is capable of carrying and self-administering the above quick-relief asthma medication. (Texas Inhaled Law) () Yes () No

I give permission for the school nurse to administer the above physician orders and to communicate with my child's health care provider concerning my child's asthma.

Parent signature: _____ Parent name: _____ Telephone: () _____ Date: _____

Based on 2002 NAEPP Guidelines for the Diagnosis and Management of Asthma Rev. 2/1/09/7

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Community Resources

- Referral to Seton Asthma/COPD Program
 - Referral Form fax to number on form
 - (512) 324-3320 direct to Asthma Education
- Central Texas Asthma Action Plan
 - <http://www.dshs.state.tx.us/asthma/educationalmaterials.shtm>
 - http://www.austin.isd.tenet.edu/schools/docs/health_2007_Central_Texas_Asthma_Action_Plan.pdf
 - <http://www.schoolasthmaallergy.com/html/states-enhanced/TX/index.html>

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Dell Children's Medical Center of Central Texas Website

- www.dellchildrens.net
 - Referral to Seton Asthma/COPD
 - Central Texas Asthma Action Plan