

Patient Education and Designing an Asthma Action Plan

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KEYWORDS

- Asthma • Patient education • Asthma assessment • Asthma action plan
- Asthma symptom management • Teaching moment • Asthma control

KEY POINTS

- It is essential to ask precise questions to elicit the most accurate clinical information from patients.
- Written asthma symptom and medication usage tracking sheets should be used to monitor compliance and asthma control.
- Quality of care for asthma and allergy patients may be improved through consistent asthma “detective” work.
- Asthma/allergy patients should be coached toward better control and an improved quality of life.
- Patients’ risk of anaphylaxis is decreased by providing an in-depth asthma assessment before allergy skin testing.

INTRODUCTION

In the Oto-Allergy Clinic at the Ohio State University Wexner Medical Center, Department of Otolaryngology, Division of Sinus and Allergy, we strive to provide the best asthma care we can within the constraints of our practice. By networking with others, learning what other offices have tried and what works, attending the American Academy of Otolaryngic Allergy training courses, and reviewing the 2007 National Institutes of Health (NIH) guidelines for the diagnosis and treatment of asthma, we gather valuable information to improve our standard of care for our allergy and asthma patients. Applying these best practice principles takes additional time and staff training. Quality, coordinated, and effective asthma care can be accomplished in every office with a few small changes to the way you assess your patients. We have had many patients ask us

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Abbreviations	
ACT	Asthma control test
AAP	Asthma action plan
FENO	Fractional exhaled nitric oxide
HEPA	High-efficiency particulate air
NHLBI	National Heart, Lung, and Blood Institute
NIH	National Institutes of Health
PEF	Peak expiratory flow

why we are asking so many questions and doing several breathing tests when “no one else has done them.”

Our patients who seek our care deserve the best possible: to breathe well and to be able to do what everyone else can do who does not have asthma. We love hearing: “I didn’t really know what feeling good was until I came here.” Improving a patient’s quality of life makes the extra effort very worthwhile.

The NIH Guidelines on Asthma were developed by an expert panel commissioned by the National Asthma Education and Prevention Program Coordinating Committee, coordinated by the National Heart, Lung, and Blood Institute (NHLBI) of the National Institutes of Health to improve the quality of an asthma patient’s care. The expert panel identified 4 essential components of asthma care:

- Assessment and monitoring
- Patient education
- Control of factors contributing to asthma severity
- Pharmacologic treatment

One of the NIH guideline’s goals in asthma therapy is to achieve asthma control by reducing the patient’s impairment and risk, providing periodic clinical and self-assessments, using minimally invasive markers such as spirometry, and providing a written asthma action plan (AAP) based on signs and symptoms or peak expiratory flow (PEF) readings.

We would like to share how we try to incorporate these guidelines into our everyday practice provide in-depth and ongoing patient education, as well as how to develop coordinated plans to improve our patient’s health.

THE OTO-ALLERGY CLINIC ASTHMA ASSESSMENT

In our Oto-Allergy Clinic, we actively look for undiagnosed and uncontrolled asthma in each of our patients. Many come to us seeking help for their “allergies,” when their underlying problem is actually undiagnosed asthma. This type of “detective” work is time consuming, but the rewards great when you see your patient’s quality of life improve.

We believe the extra effort is worthwhile because asthma still affects more than 25 million Americans, causes almost 3400 deaths per year, and costs more than \$56 billion in annual health care costs. We screen all patients carefully, because someone with uncontrolled or undiagnosed asthma has a higher incidence of having anaphylaxis, a severe allergic reaction, when we perform allergy testing.

ASKING THE RIGHT QUESTIONS

When assessing our patients at their initial visit, we ask if they have a history of asthma and/or have had a cough, chest tightness, wheezing, or shortness of breath. If they answer yes, can they pinpoint what exposure caused their symptoms? Was it a certain

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