From Here to Anywhere!

ASTHMA
MANAGEMENT

LEGAL REFERENCES

42 CFR 482.54; O.C.G.A. 31-7-2.1; Georgia Rules and Regulations 111-8-40-.21

PROFESSIONAL STANDARDS

Leadership LD04.04.07, Nursing NR.02.01.01

RELATED POLICIES

Medical Emergency Response System (MERS) – All Hospitals, 03-205

REFERENCE MATERIALS

NIH, 2007, Expert Panel Report 3 (EPR-3): Guidelines for the Diagnosis and Management of Asthma – Summary Report 2007

CDC, February 27, 2012, Tools for Asthma Control

National Heart, Lung, and Blood Institute Asthma Action Plan

DBHDD

www.dbhddu.com

Learning Brochure for
DBHDD Hospital Staff & Community Providers

GOALS

DBHDD ensures that physical health services are provided to individuals receiving services in DBHDD Hospitals.

Adults with behavioral health conditions and intellectual/ developmental disabilities have higher rates of certain chronic physical illnesses, including asthma.

DBHDD hospitals follow evidence-based practice guidelines on integrated care to manage the needs of individuals with asthma.

ASTHMA MANAGEMENT GOALS:

a. Achieve and maintain control of symptoms
b. Prevent asthma exacerbations
c. Maintain normal activity and exercise
d. Prevent asthma mortality
e. Minimize use of short-acting beta-agonist (SABA)
f. Prevent adverse effects from medications

Control Environmental Factors and Comorbid Conditions

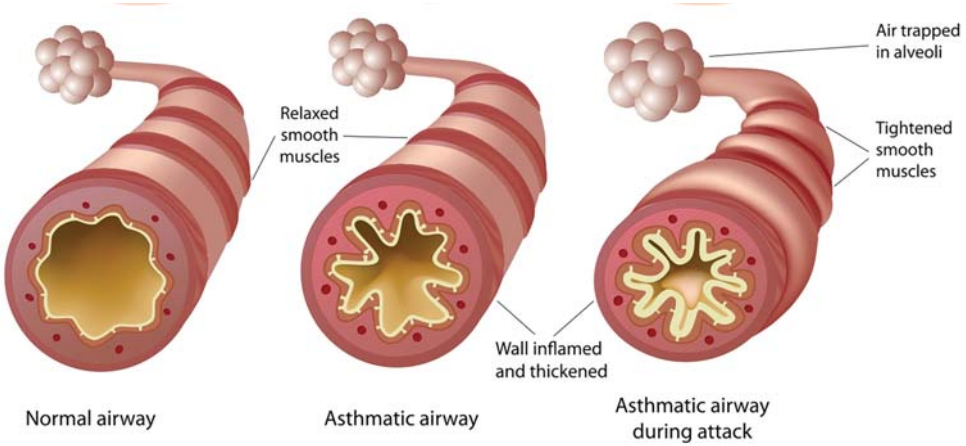
- Identify allergens that increase asthma symptoms or precipitate asthma exacerbations
- Recommend measures to control exposures to allergens and pollutants or irritants that make asthma worse
- Identify and treat comorbid conditions that may aggravate asthma management, such as the following:
- Gastroesophageal reflux (GERD)
- Rhinitis/Sinusitis
- Congestive heart failure
- Obesity
- Upper Respiratory Infection (URI)
- Pneumonia
- Sleep apnea
- Vocal cord dysfunctions
- Psychopathology

Managing Asthma Exacerbations

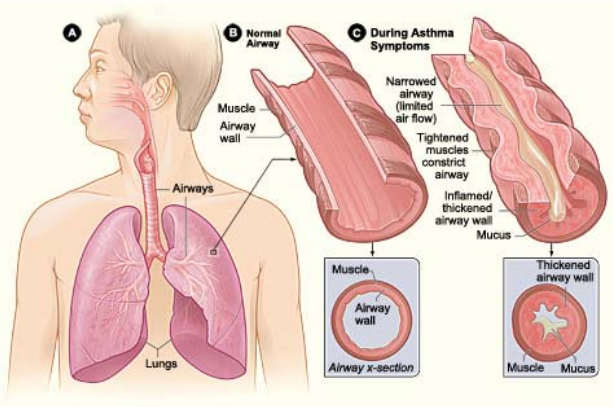
For Quick Relief for all Individuals:

- Use Short-acting bronchodilator: 2-4 puffs of SABA as needed for symptoms
- Intensity of treatment depends on severity of exacerbations – up to three treatments at 20-minute intervals or a single nebulizer treatment as needed. Course of systemic corticosteroids may be needed
- Use of SABA >2 times per week in mild asthma (daily or increasing use in persistent asthma) may indicate the need to initiate or increase long-term therapy
- If at any time an individual exhibits signs and symptoms consistent with a moderate to severe asthma exacerbation (e.g., peak expiratory flow/forced expiratory volume in 1 second <70% predicted or personal best), initiate the emergency response process immediately (see Policy, Medical Emergency Response System (MERS) – All Hospitals, 03-205)

Medications



- Select optimal therapy to prevent and control asthma symptoms
- Use Stepwise Approach
- Incorporate the four components of care: assessment and monitoring, education, control of environmental factors and comorbid conditions, and medication therapy
- Initiate therapy based on asthma severity
- Adjust therapy based on asthma control
- Involve individuals in developing the written Asthma Action Plan



- Treat comorbid medical conditions
- Adjust medication to address coexisting medical conditions

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DEFINITIONS

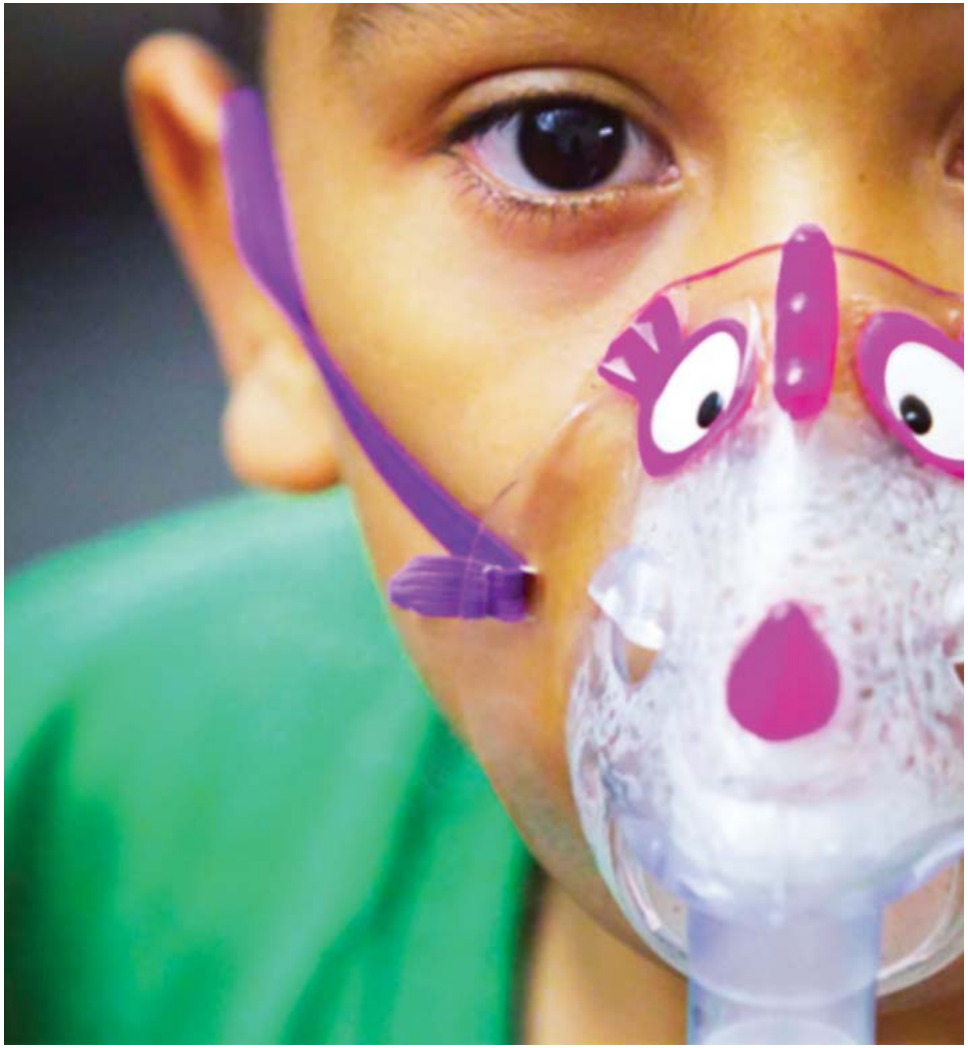
ASTHMA – A chronic inflammatory disorder of the airways characterized by variable and recurring symptoms, airflow obstruction, bronchial hyper-responsiveness, and an underlying inflammation. In susceptible individuals, this inflammation causes recurrent episodes of coughing (particularly at night or early in the morning), wheezing, breathlessness, and chest tightness. These episodes are usually associated with widespread but variable airflow obstruction that is often reversible either spontaneously or with treatment.

DYSPNEA – Shortness of breath; difficult or labored breathing.

WHEEZING – a high-pitched whistling sound made while breathing. Most commonly wheezing occurs when breathing out (expiration), but it can sometimes be heard when breathing in (inspiration).

Evidence-based Clinical Practice Guidelines for Asthma Management

DBHDD follows evidence-based clinical practical guidelines such as those developed by the National Institute of Health (NIH) for managing asthma: Expert Panel Report 3 (EPR-3): Guidelines for the Diagnosis and Management of Asthma – Summary Report 2007.

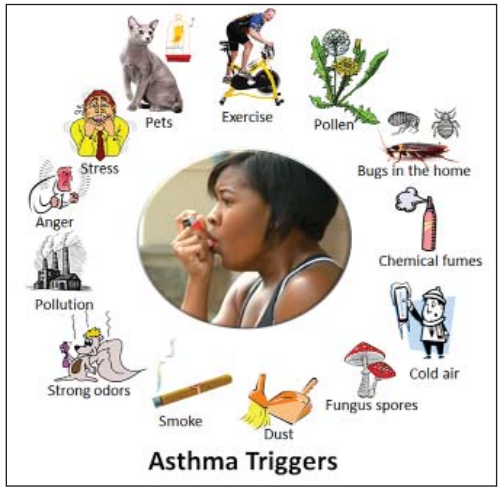


Diagnosis

- Establish asthma diagnosis

Assessment and Monitoring

- Assess asthma severity to initiate therapy
- Assess asthma control to monitor and adjust therapy
- Monitor responsiveness to treatment. Schedule follow-up care



Education

- Integrate education into all points of care
- Develop a written Asthma Action Plan in partnership with the individual using the National Heart, Lung, and Blood Institute Asthma Action Plan
- Provide self-management education both written and through a group model
- Provide education about medication management, including use of inhaled medications/aerosols
- Ensure that the educational material is appropriate for the reading and comprehension level of the individual
- Provide information on the impact of mental illness on asthma
- Educate individuals with impaired speech or cognitive processes on how to clearly communicate about their symptoms during an asthma attack
- Teach relaxation techniques to better manage panic during an asthma attack