

THE PLANNED ASTHMA VISIT

Rhonique Shields-Harris, MD

Molly Savitz, MSN, FNP, AE-C

CNHN Childhood Asthma QI MOC Learning Collaborative

October 30, 2012

Childhood Asthma QI Collaborative CME Learning Objectives

By the end of this session, participants will be able to:

1. Name three reasons to schedule children with asthma for preventive visits.
2. Identify three barriers to good asthma control.
3. Distinguish between two different treatments strategies for managing persistent asthma.
4. Explain how a written asthma action plan can improve patient care.

Today's Presenters: No faculty disclosures



Rhonique Shields-Harris
MD, MHA, FAAP



Molly Savitz
MSN, FNP, AE-C

All presenters have signed disclosure statements indicating:

- No financial or business interest, arrangement or affiliation that could be perceived as a real or apparent conflict of interest in the subject (content) of their presentation.
- No unapproved or investigational use of any drugs, commercial products or devices.

CME Accreditation

ACCREDITATION:

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of The George Washington University School of Medicine and Health Sciences and Children's National. The George Washington University School of Medicine and Health Sciences is accredited by the ACCME to provide continuing medical education for physicians

PHYSICIAN CME CREDIT:

- The George Washington University School of Medicine and Health Sciences designates this continuing medical education activity for a maximum of 1 AMA Physician Recognition Award Category 1 Credits™.
- Participants will be required to certify attendance or participation on an hour-for-hour basis.

Outline: the asthma “check-up”

- Assessment of control
- Device technique
- Environmental exposures
- Rx inhaled steroids
- Address co-morbidities
- Asthma Action Plan, with follow up



Case presentation

James, 5 yrs old, in for WCC, c/o noct. cough ~ 1x/wk, disturbs sleep, tires more easily than usual x 2 mos.

PMH: mild eczema

occas. wheeze w/URIs as infant

FH: mom “bronchitis” as child

PE: unremarkable

What would you do next? (may pick >1 answer)

- (A) Consider asthma as a possible dx and give trial albuterol.
- (B) Refer to pulmonologist or allergist.
- (C) Investigate environmental exposures.
- (D) Rx inhaled steroids.
- (E) None of the above.

A few words about diagnosis...

- “Reactive Airways Disease” (NO ICD9 code!)
- “Wheezing” (786.07)
- “Bronchospasm” (519.11)
- “Bronchitis” or “Bronchiolitis” (466.XX)
vs. “Asthma” (493.XX)

Consider asthma diagnosis if sx recur, are triggered by known allergen/irritant, and/or respond to SABA.

Asthma Predictive Index (API)

Apply to a child ≤ 3 y with ≥ 4 wheezing episodes
(≥ 1 physician diagnosed)
AND

EITHER 1 *major criteria*:

- atopic dermatitis per MD
- aeroallergen sensitization
- parent w/asthma

AND/OR 2 *minor criteria*:

- wheezing w/o URIs
- eosinophilia $\geq 4\%$
- milk/egg/peanut sensitization



Positive API \rightarrow 75% chance school-age asthma

Negative API \rightarrow 95% chance NO school-age asthma

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Why a planned asthma visit?



- EPR-3 recommendation, GIP priority
- Chronic and variable nature of asthma
- Centrality of education in self-management
- Patient-centered care in medical home

Case presentation (cont'd)

James returns 2 wks later

+ response to prn albuterol, using ~ 3-4x per week
classify as mild persistent asthma
start on low-dose daily ICS

When would you like to see him back in your office?

- (A) When he is next due for a well child check
- (B) In 3 months
- (C) In 2-6 weeks
- (D) Follow up as needed

NHLBI follow-up recommendations

- 2-6 wks after initiating or increasing daily tx
- Every 1-6 months depending on control level
 - Mild-mod persistent under control x 3 months: q 6 months
 - Severe persistent or poor control: more often
- Every 3 months if anticipating step down
- 2-6 wks after stepping down tx

Our recommendation:

- ✓ 2-6 wks after changing tx
- ✓ Q 2-3 months if persistent
- ✓ Q 6 months if intermittent

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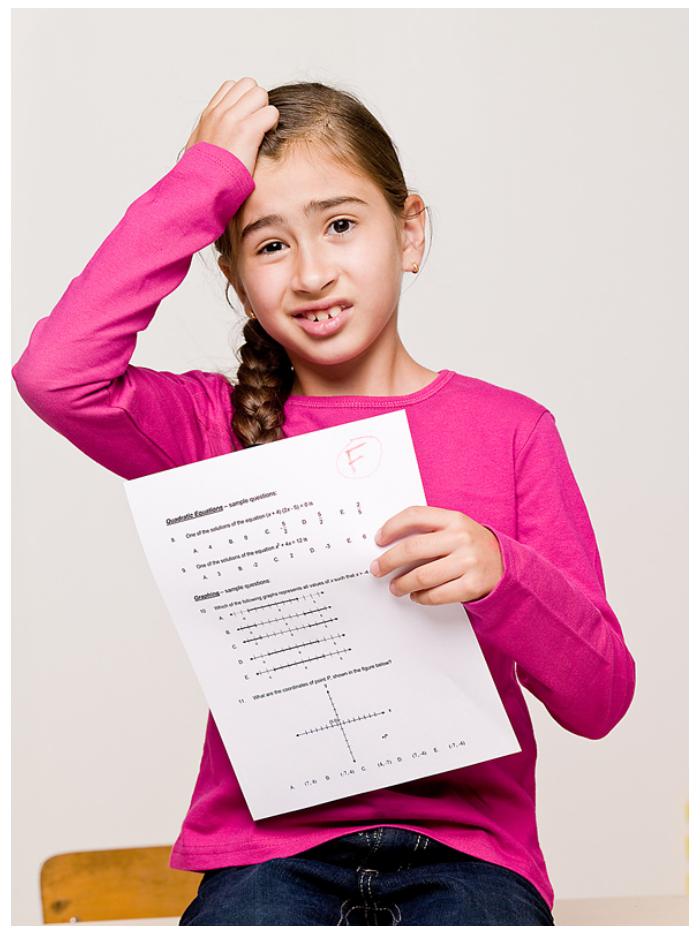
The asthma “check-up”

- Assessment of control
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Office assessment of control

- Use validated, standardized tool
 - ACT/CACT
 - ATAQ
- Confirm/clarify directly, esp. if young child
- Consider other causes of symptoms
- ACT only assesses impairment, not risk!



Childhood Asthma Control Test for children 4 to 11 years old.

Know the score.

This test will provide a score that may help your doctor determine if your child's asthma treatment plan is working or if it might be time for a change.

How to take the Childhood Asthma Control Test

Step 1 Let your child respond to the first four questions (1 to 4). If your child needs help reading or understanding the question, you may help, but let your child select the response. Complete the remaining three questions (5 to 7) on your own and without letting your child's response influence your answers. There are no right or wrong answers.

Step 2 Write the number of each answer in the score box provided.

Step 3 Add up each score box for the total.

Step 4 Take the test to the doctor to talk about your child's total score.

19 or less
If your child's score is 19 or less, it may be a sign that your child's asthma is not controlled as well as it could be. No matter what the score, bring this test to your doctor to talk about your child's results.

Have your child complete these questions.

1. How is your asthma today?

 0 Very bad	 1 Bad	 2 Good	 3 Very good
---	--	---	--

2. How much of a problem is your asthma when you run, exercise or play sports?

 0 It's a big problem, I can't do what I want to do.	 1 It's a problem and I don't like it.	 2 It's a little problem but it's okay.	 3 It's not a problem.
--	--	---	--

3. Do you cough because of your asthma?

 0 Yes, all of the time.	 1 Yes, most of the time.	 2 Yes, some of the time.	 3 No, none of the time.
--	---	---	--

4. Do you wake up during the night because of your asthma?

 0 Yes, all of the time.	 1 Yes, most of the time.	 2 Yes, some of the time.	 3 No, none of the time.
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Please complete the following questions on your own.

5. During the last 4 weeks, on average, how many days per month did your child have any daytime asthma symptoms?

5 Not at all	4 1-3 days/mo	3 4-10 days/mo	2 11-18 days/mo	1 19-24 days/mo	0 Everyday
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6. During the last 4 weeks, on average, how many days per month did your child wheeze during the day because of asthma?

5 Not at all	4 1-3 days/mo	3 4-10 days/mo	2 11-18 days/mo	1 19-24 days/mo	0 Everyday
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7. During the last 4 weeks, on average, how many days per month did your child wake up during the night because of asthma?

5 Not at all	4 1-3 days/mo	3 4-10 days/mo	2 11-18 days/mo	1 19-24 days/mo	0 Everyday
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SCORE

TOTAL

Please turn this page over to see what your child's total score means.

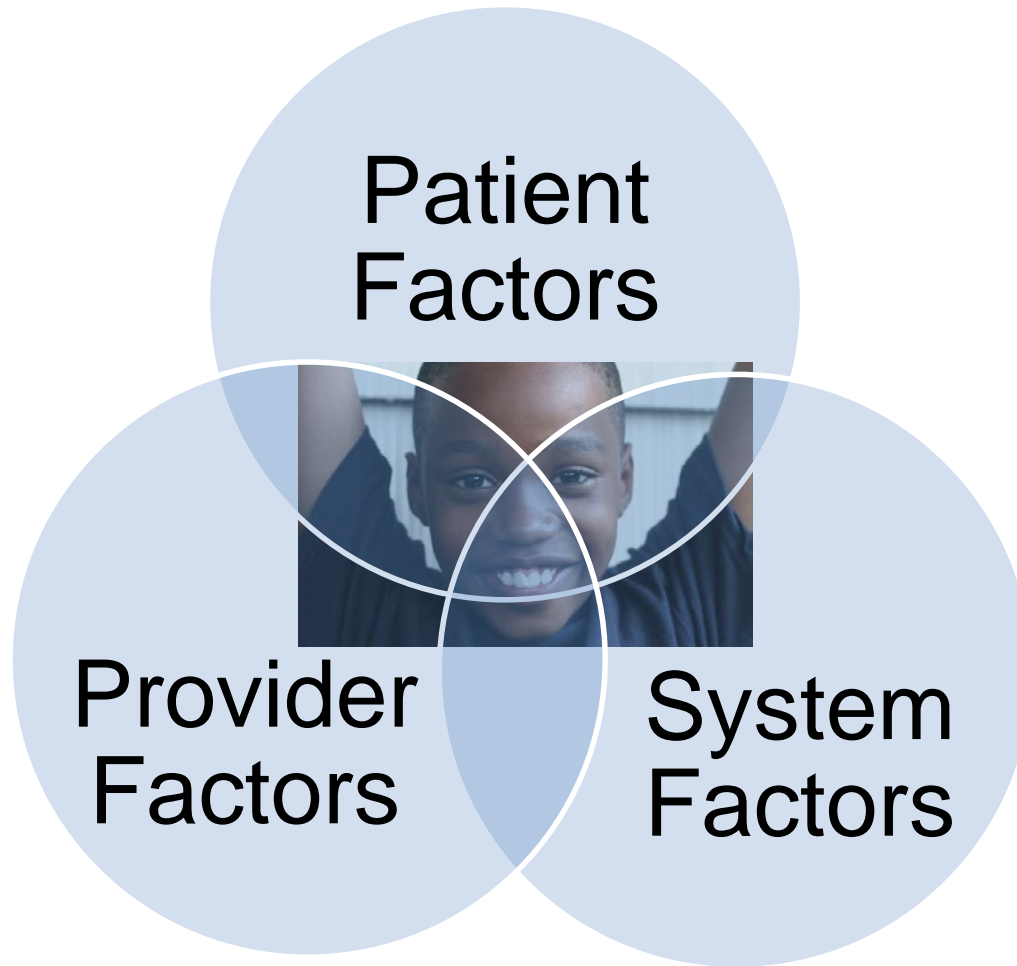
PDSA cycle idea!

Attach ACT to chart for patient/family to complete at each asthma-related visit

If no paper chart, keep stack of ACTs at front desk, flag asthma appts to remind staff to administer

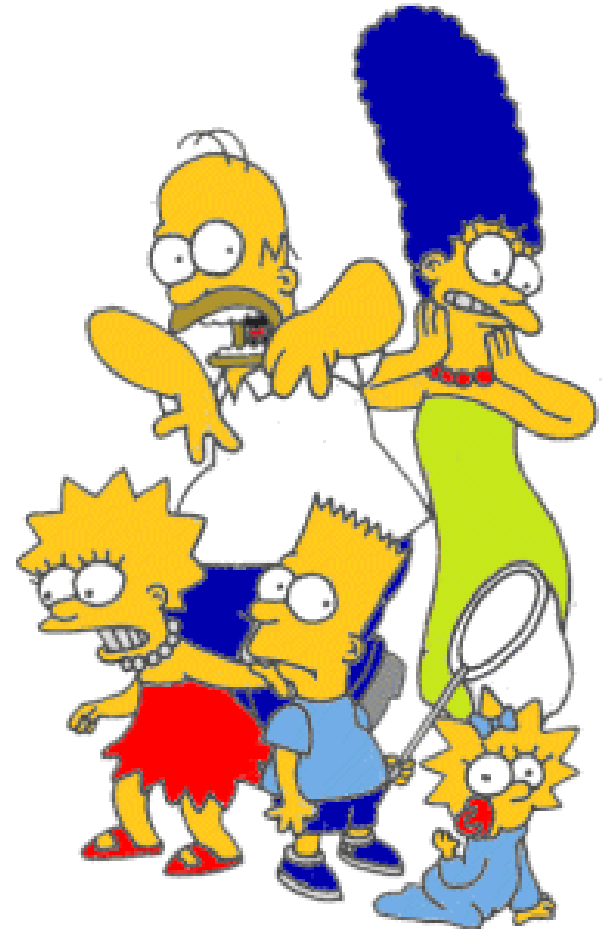


Barriers to good control



Patient factors

- Adherence as low as 43%
- Experience of asthma is episodic rather than chronic
- Misunderstandings or fears
- Language and/or literacy barriers
- Social disorganization, poverty, stress



Provider factors



- Reluctance to diagnose asthma
- Reluctance to prescribe steroids
- Lack of familiarity with devices
- Lack of time for patient education

System factors

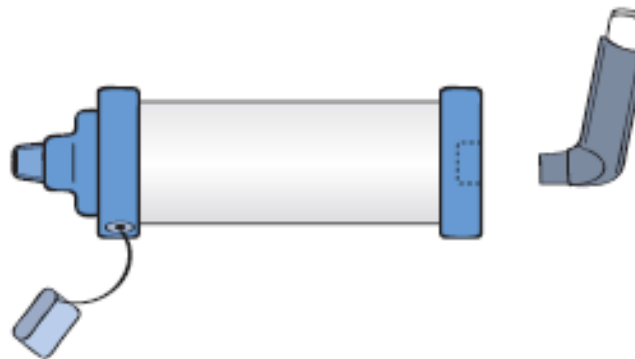
- Insurance coverage – meds, visits
- School medication requirements
- Chronic environmental exposures

Snapshots at jasonlove.com



Improving assessment of adherence

- Remind pt to *bring medications* to each visit, check counters
- Ask patient/family what they are *actually doing*, not what you recommended they do
- Ask about *problems & concerns*
- Have patient *demonstrate technique* and correct errors



The asthma “check-up”

- Assessment of control
- Device technique
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Device technique

An opportunity for improvement...

Observational study of 296 children ages 8-16y from five primary care practices (41 providers) in non-urban areas of NC

- Only 8% of children performed all of the correct steps for use of MDI/spacer
- *95% of providers did not assess technique*
- *96% of providers did not demonstrate technique*





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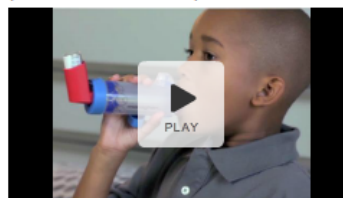
[YouTube](#)

Resources for Families

Asthma Videos



How to Use Your Inhaler and Spacer
(older children & teens)



00:00 00:00
▶ PLAY FULLSCREEN MUTE

How to Use Your Inhaler and Spacer
(young children) - *English*



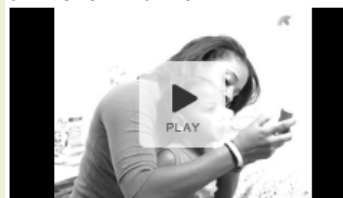
00:00 00:00
▶ PLAY FULLSCREEN MUTE

Your Asthma Medicines:
What You Should Know



00:00 00:00

Cómo Usar Su Inhalador y Espaciador
(niños pequeños) - *Español*



00:00 00:00

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Environmental assessment

- Tools for office use available
- Separate session on this topic in spring
- If you do nothing else, focus on smoke exposure and the Safe Sleep Zone



“The Safe-Sleep Zone”

- Dust with a damp rag – nothing fancy
- No carpets
- Wash sheets weekly in hot water
- Pillow covers and mattress pads
- Don’t eat or drink anything in the bedroom
- Pets are not welcome
- Don’t burn anything in the bedroom

Case presentation (cont'd)

James returns 1 month after starting ICS
doing better overall
albuterol 1-2x in past 2 weeks during day
mom limiting activity due to fear re diagnosis
continues to cough @ night at least 1x/week

What else do you want/need to know?

What would be your next step(s)?

- (A) No tx change, see again in 3-6 months
- (B) Reinforce activity limitation
- (C) Increase ICS or add another asthma medication
- (D) Add antihistamine or intranasal steroid
- (E) Refer to sub-specialist

The asthma “check-up”

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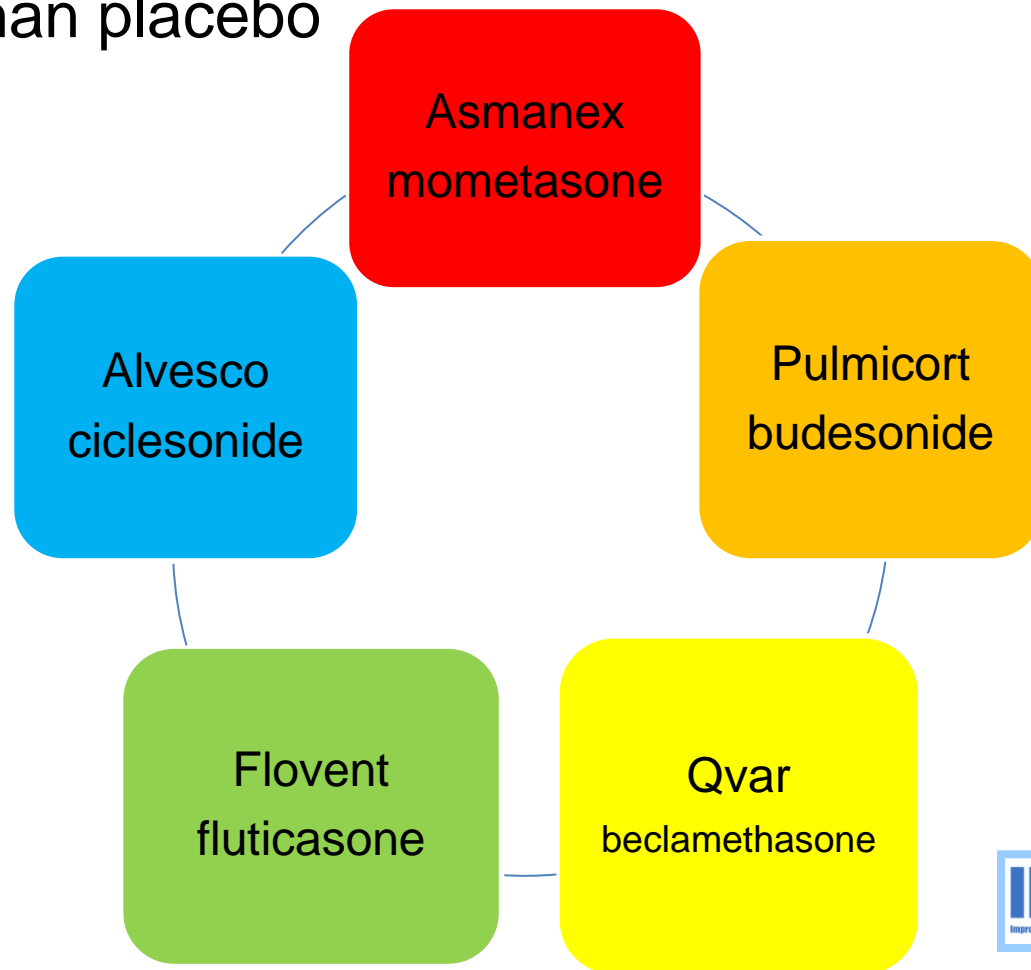


Therapeutic strategies

- Aggressive medical tx to gain control, then step down to minimum required (EPR-3 recommended approach)
 - Increase ICS
 - Add LTRA
 - Add LABA
- Or, gradual increase in medical tx to achieve control while minimizing side effects
- Consider stepping “over” rather than up – to alternative choice within step level
- Consider further diagnostic testing

Does it matter which ICS I use?

- Few head-to-head comparisons
- All are better than placebo
- Options:



Daily vs. episodic ICS use

- Daily dosing is NHLBI standard, *strongest evidence of benefit*
- Data from recent studies re non-inferiority of episodic tx in some children
 - Best for virally-triggered episodes in young children
 - May need 4x usual daily dose
- API may or may not be a factor
- Reduces overall steroid burden

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Case presentation (cont'd)

After further discussion with James and parents, you

- review technique
- add montelukast
- discuss safe sleep zone
- encourage physical activity
- refer to allergist for skin testing

What else do you need to do at this visit? (may select ≥ 1)

- (A) Provide or update/review written AAP
- (B) Rx quick-relief medication for school
- (C) Teach peak flow monitoring
- (D) Schedule follow-up appt in 6 months

The asthma “check-up”

- Assessment of control
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Asthma Action Plans

- Evidence of benefit mixed in the literature
- Excellent face validity
- Most important role is communication:
 - Education about triggers, meds, symptoms
 - Multiple caregivers
 - School nurses: city/county/state-specific



Asthma Action Plan

Name	School	DOB
Health Care Provider	Provider's Phone	
Parent/Responsible Person	Parent's Phone	
Additional Emergency Contact	Contact Phone	

DO NOT WRITE IN THIS SPACE

Place Patient Label Here

Asthma Severity (see reverse side) <input type="checkbox"/> Intermittent or Persistent: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	Asthma Triggers Identified (Things that make your asthma worse): <input type="checkbox"/> Colds <input type="checkbox"/> Smoke (tobacco, incense) <input type="checkbox"/> Pollen <input type="checkbox"/> Dust <input type="checkbox"/> Animals <input type="checkbox"/> Strong odors <input type="checkbox"/> Mold/moisture <input type="checkbox"/> Pests (rodents, cockroaches) <input type="checkbox"/> Stress/emotions <input type="checkbox"/> Gastroesophageal reflux <input type="checkbox"/> Exercise <input type="checkbox"/> Season: Fall, Winter, Spring, Summer <input type="checkbox"/> Other: _____	Date of Last Flu Shot: ____/____/____
Asthma Control <input type="checkbox"/> Well-controlled <input type="checkbox"/> Needs better control		

Green Zone: Go!—Take these CONTROL (PREVENTION) Medicines EVERY Day

<p>You have ALL of these:</p> <ul style="list-style-type: none"> Breathing is easy No cough or wheeze Can work and play Can sleep all night <p>Peak flow in this area: _____ to _____ (More than 80% of Personal Best)</p> <p>Personal best peak flow: _____</p>	<p><input type="checkbox"/> No control medicines required. <u>Always rinse mouth after using your daily inhaled medicine.</u></p> <p><input type="checkbox"/> Inhaled corticosteroid or inhaled corticosteroid/long-acting β-agonist _____ puff(s) inhaler with spacer _____ times a day</p> <p><input type="checkbox"/> Inhaled corticosteroid _____, nebulizer treatment(s) _____ times a day</p> <p><input type="checkbox"/> Leukotriene antagonist _____, take _____ by mouth once daily at bedtime</p> <p>For asthma with exercise, ADD: <input type="checkbox"/> Fast-acting inhaled β-agonist _____ puff(s) inhaler with spacer 15 minutes before exercise</p> <p>For nasal/environmental allergy, ADD: <input type="checkbox"/> _____</p>
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Yellow Zone: Caution!—Continue CONTROL Medicines and ADD QUICK-RELIEF Medicines

<p>You have ANY of these:</p> <ul style="list-style-type: none"> First sign of a cold Cough or mild wheeze Tight chest Problems sleeping, working, or playing <p>Peak flow in this area: _____ to _____ (50%-80% of Personal Best)</p>	<p><input type="checkbox"/> Fast-acting inhaled β-agonist _____ puff(s) inhaler with spacer every _____ hours as needed</p> <p>OR</p> <p><input type="checkbox"/> Fast-acting inhaled β-agonist _____, nebulizer treatment(s) every _____ hours as needed</p> <p><input type="checkbox"/> Other _____</p> <p>Call your DOCTOR if you have these signs more than two times a week, or if your quick-relief medicine doesn't work!</p>
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Red Zone: EMERGENCY!—Continue CONTROL & QUICK-RELIEF Medicines and GET HELP!

<p>You have ANY of these:</p> <ul style="list-style-type: none"> Can't talk, eat, or walk well Medicine is not helping Breathing hard and fast Blue lips and fingernails Tired or lethargic Ribs show <p>Peak flow in this area: Less than _____ (Less than 50% of Personal Best)</p>	<p><input type="checkbox"/> Fast-acting inhaled β-agonist _____ puff(s) inhaler with spacer <u>every 15 minutes</u>, for <u>3</u> treatments</p> <p>OR</p> <p><input type="checkbox"/> Fast-acting inhaled β-agonist _____, nebulizer treatment <u>every 15 minutes</u>, for <u>3</u> treatments</p> <p><input type="checkbox"/> Other _____</p> <p>Call your doctor while giving the treatments.</p> <p>IF YOU CANNOT CONTACT YOUR DOCTOR: Call 911 for an ambulance or go directly to the Emergency Department!</p>
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REQUIRED Healthcare Provider Signature: _____

REQUIRED Responsible Person Signature: _____

Follow up with primary doctor in 1 week or: _____

Phone: _____

☐ Patient/parent has doctor/clinic number at home

SCHOOL MEDICATION CONSENT AND PROVIDER ORDER FOR CHILDREN/YOUTH:
Possible side effects of quick-relief medicines (e.g., albuterol) include tachycardia, tremor, and nervousness.
Healthcare Provider Initials: _____

This student is capable and approved to self-administer the medicine(s) named above.
This student is not approved to self-medicate.
This authorization is valid for one calendar year.

As the RESPONSIBLE PERSON:

☐ I hereby authorize a trained school employee, if available, to administer medication to the student.

☐ I hereby authorize the student to possess and self-administer medication.

☐ I hereby acknowledge that the District and its schools, employees and agents shall be immune from civil liability for acts or omissions under D.C. Law 17-107 except for criminal acts, intentional wrongdoing, gross negligence, or willful misconduct.

Adapted from NAEPP by Children's National Medical Center

Coordinated by the National Capital Asthma Coalition

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Updated May 2011

DC and MD plans

Maryland State School Asthma Medication Administration Authorization Form

ASTHMA ACTION PLAN _____ Date _____ to _____ Date _____ (not to exceed 12 months)

Child's Name: _____	DOB: _____	PEAK FLOW PERSONAL BEST: _____
Parent/Guardian's Name: _____	Home: _____	Work: _____
	Cell: _____	

ASTHMA SEVERITY: ☐ Exercise Induced ☐ Intermittent ☐ Mild Persistent ☐ Moderate Persistent ☐ Severe Persistent



TRIGGER (LIST)

CHECK \$ SYMPTOMS / INDICATIONS FOR MEDICATION USE	GREEN ZONE CONTROLLER MEDICATION - USE DAILY AT HOME UNLESS OTHERWISE INDICATED				
	<input type="checkbox"/> Breathing is good <input type="checkbox"/> No cough or wheeze <input type="checkbox"/> Can work, exercise, play <input type="checkbox"/> Other: _____ <input type="checkbox"/> Peak flow greater than (80% personal best)	Medication	Dose	Route	Frequency/Time
					<input type="checkbox"/> School <input type="checkbox"/> School <input type="checkbox"/> School
CHECK \$ SYMPTOMS / INDICATIONS FOR MEDICATION USE	EXERCISE ZONE (Rescue Medication)				
	<input type="checkbox"/> Prior to exercise/sports/physical education (PE)	Medication	Dose	Route	Frequency/Time
CHECK \$ SYMPTOMS / INDICATIONS FOR MEDICATION USE	YELLOW ZONE RESCUE MEDICATIONS - TO BE ADDED TO GREEN ZONE MEDICATIONS FOR SYMPTOMS				
	<input type="checkbox"/> Cough or cold symptoms <input type="checkbox"/> Wheezing <input type="checkbox"/> Tight chest or shortness of breath <input type="checkbox"/> Cough at night <input type="checkbox"/> Other: _____ <input type="checkbox"/> Peak flow between and (50%-79% personal best)	Medication	Dose	Route	Frequency/Time
CHECK \$ SYMPTOMS / INDICATIONS FOR MEDICATION USE	RED ZONE EMERGENCY MEDICATIONS - TAKE THESE MEDICATIONS AND CALL 911				
	<input type="checkbox"/> Medication is not helping within 15-20 mins <input type="checkbox"/> Breathing is hard and fast <input type="checkbox"/> Nasal flaring or intercostal retraction <input type="checkbox"/> Lips or fingernails blue <input type="checkbox"/> Trouble walking or talking <input type="checkbox"/> Other: _____ <input type="checkbox"/> Peak flow less than (50% personal best)	Medication	Dose	Route	Frequency/Time

HEALTH CARE PROVIDER AUTHORIZATION

I authorize the administration of the medications as ordered above.

Student may self-carry medications ☐ Yes ☐ No

Health Care Provider Name: _____

Signature: _____

Date: _____

PARENT/GUARDIAN AUTHORIZATION

I authorize the administration of the medications as ordered above.

I acknowledge that my child ☐ is ☐ is not authorized to self-carry his/her medication(s).

Signature: _____

Date: _____

REVIEWED BY SCHOOL NURSE

Name: _____

Signature: _____

Date: _____

Authorized to self-carry medications: ☐ Yes ☐ No

10/2012




Role of peak flow measurement

- Limited evidence of benefit in literature
- Useful for monitoring but not diagnosis
- Helpful tool for some children/families
- Emphasize inhalation device technique over PF



Yellow and Red Zone management

- Inter-clinician variability
- Hospital discharge vs. outpatient tx
- Dosing considerations

Yellow Zone: Caution!–Continue CONTROL Medicines and ADD QUICK-RELIEF Medicines	
 <p>You have ANY of these:</p> <ul style="list-style-type: none"> • First sign of a cold • Cough or mild wheeze • Tight chest • Problems sleeping, working, or playing <p>Peak flow in this area: _____ to _____ (50%-80% of Personal Best)</p>	<p><input type="checkbox"/> _____, _____ puff(s) inhaler with spacer every _____ hours as needed <small>Fast-acting inhaled β-agonist</small></p> <p>OR</p> <p><input type="checkbox"/> _____, _____ nebulizer treatment(s) every _____ hours as needed <small>Fast-acting inhaled β-agonist</small></p> <p><input type="checkbox"/> Other _____</p> <p>Call your DOCTOR if you have these signs more than two times a week, or if your quick-relief medicine doesn't work!</p> 
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Care coordination

- Multiple copies of written plan
 - Send to school nurse *with parent and PCP signature*
 - May need additional authorization form
- Rx >1 quick-relief MDI – school, home(s)
- Meds for school
 - Must be labeled with full Rx and in box
 - Dosing must match AAP or med authorization form
 - Parents must bring to school

PDSA cycle idea...



Case presentation (cont'd)

After further discussion with James and parents, you

- review technique
- add montelukast
- discuss safe sleep zone
- encourage physical activity
- refer to allergist for skin testing

What else do you need to do at this visit?

- (A) Provide or update/review written AAP
- (B) Rx quick-relief medication for school
- (C) Teach peak flow monitoring
- (D) Schedule follow-up appt ~~in 6 months~~ 2-6 wks

Summary: the asthma “check-up”

- Assessment of control – *risk & impairment*
- Device technique & *adherence*
- Environmental exposures – *esp. sleep area*
- Rx inhaled steroids – *individualize tx*
- Address co-morbidities
- Asthma Action Plan – *coordinate care*
- *Schedule follow up*

THANK YOU!



Questions?