



Enhancing Asthma Care

Virtual Joint Clinic Meeting #6



Overview of Today's Meeting

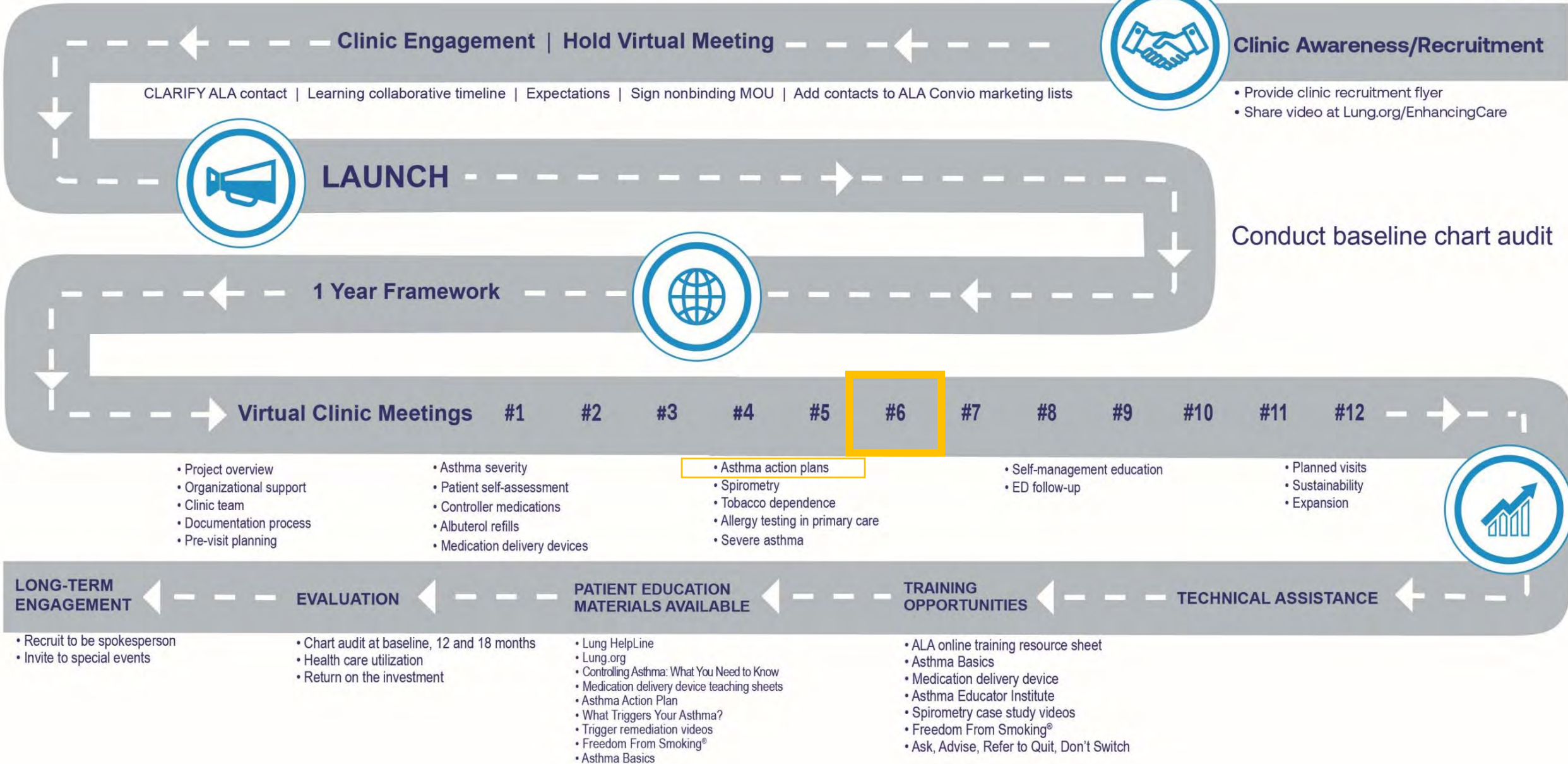


1. Clinic Updates
 - Controller medications
 - Albuterol refills
2. QI Component # 10 – Asthma Action Plans
3. Assign homework
4. Next steps/next meeting

Asthma Quality Improvement Mapping

Virtual Format | Confidential

START PROJECT






Component #10

Asthma Action Plans

Asthma Action Plans

Provider: _____ Clinic: _____

 **My Asthma Action Plan**

Name: _____ DOB: ____/____/____

Severity Classification: Intermittent Mild Persistent Moderate Persistent Severe Persistent

Asthma Triggers (list): _____

Peak Flow Meter Personal Best: _____

Green Zone: Doing Well

Symptoms: Breathing is good – No cough or wheeze – Can work and play – Sleeps well at night
Peak Flow Meter _____ (more than 80% of personal best)

Flu Vaccine—Date received: _____ Next flu vaccine due: _____ COVID19 vaccine—Date received: _____

Control Medicine(s)	Medicine	How much to take	When and how often to take it
	_____	_____	_____
	_____	_____	_____

Physical Activity Use Albuterol/Levalbuterol _____ puffs, 15 minutes before activity
 with all activity when you feel you need it

Yellow Zone: Caution

Symptoms: Some problems breathing – Cough, wheeze, or tight chest – Problems working or playing – Wake at night
Peak Flow Meter _____ to _____ (between 50% and 79% of personal best)

Quick-relief Medicine(s) Albuterol/Levalbuterol _____ puffs, every 20 minutes for up to 4 hours as needed

Control Medicine(s) Continue Green Zone medicines
 Add _____ Change to _____

You should feel better within 20-60 minutes of the quick-relief treatment. If you are getting worse or are in the Yellow Zone for more than 24 hours, THEN follow the instructions in the RED ZONE and call the doctor right away!

Red Zone: Get Help Now!

Symptoms: Lots of problems breathing – Cannot work or play – Getting worse instead of better – Medicine is not helping
Peak Flow Meter _____ (less than 50% of personal best)

Take Quick-relief Medicine NOW! Albuterol/Levalbuterol _____ puffs, _____ (how frequently)

Call 911 immediately if the following danger signs are present:

- Trouble walking/talking due to shortness of breath
- Lips or fingernails are blue
- Still in the Red Zone after 15 minutes

Emergency Contact Name _____ Phone (____) _____ - _____

Date: ____/____/____

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ALA Asthma AP V3 6 15 2022

Written instructions

Zones:

- Daily Management– Green Zone
- Recognizing and handling worsening asthma – Yellow Zone and Red Zone

Asthma Action Plans: Why?



1. Recommended by the guidelines
2. Evidence B (random controlled trials, limited body of data)

Asthma Action Plans

Updated review since the guidelines



Systematic review of 185 studies:

- 8 compared AAPs with no AAPs
- 5/8 found AAPs beneficial to pediatric asthma

5 studies compared peak flow AAPs with symptom AAPs:

- 3/5 found no benefit to peak flows.

Asthma Action Plans, cont'd...

Symptom-based vs. Peak Flow

Complexity

Practicality

Exceptions—
some need peak
flow-based

Green Zone

All controller medications:

- Inhaled steroids, Advair, Symbicort, Dulera
- Allergy medications
- SMART therapy

Pre-exercise albuterol in special section

NOT for albuterol PRN

Green Zone, cont'd...

Green Zone: Doing Well

Symptoms: Breathing is good – No cough or wheeze – Can work and play – Sleeps well at night

Peak Flow Meter _____ (more than 80% of personal best)

Flu Vaccine—Date received: _____ **Next flu vaccine due:** _____ **COVID19 vaccine**—Date received: _____

Control Medicine(s)	Medicine	How much to take	When and how often to take it
	_____	_____	_____
	_____	_____	_____

Physical Activity

- Use Albuterol/Levalbuterol _____ puffs, 15 minutes before activity
- with all activity when you feel you need it

Yellow Zone

Yellow Zone: Caution

Symptoms: Some problems breathing – Cough, wheeze, or tight chest – Problems working or playing – Wake at night

Peak Flow Meter _____ to _____ (between 50% and 79% of personal best)

Quick-relief Medicine(s) Albuterol/Levalbuterol _____ puffs, every 20 minutes for up to 4 hours as needed

Control Medicine(s) Continue Green Zone medicines

Add _____ Change to _____

You should feel better within 20-60 minutes of the quick-relief treatment. If you are getting worse or are in the Yellow Zone for more than 24 hours, THEN follow the instructions in the RED ZONE and call the doctor right away!

Yellow Zone, cont'd...

Develop consensus

Albuterol with spacer

Other options:

- Increase SMART Therapy
- How long?
 - For duration of cold
 - Call if not better in 24 hours

Red Zone

Red Zone: Get Help Now!

Symptoms: Lots of problems breathing – Cannot work or play – Getting worse instead of better – Medicine is not helping

Peak Flow Meter _____ (less than 50% of personal best)

Take Quick-relief Medicine NOW! Albuterol/Levalbuterol _____ puffs, _____ (how frequently)

Call 911 immediately if the following danger signs are present:

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- Still in the Red Zone after 15 minutes

Emergency Contact Name _____ Phone (_____) _____ - _____

Red Zone, cont'd...

Develop consensus

Albuterol:

- ER approach
- Neb every 20 minutes x 3
- MDI with spacer 4-8 puffs x 3

Prednisone?

- To use or not to use
- 40-60mg qd x 5 days

ER or home

Health Literacy and the AAP

Self-management skills poorer among patients with limited reading ability.

1 out of 4 cannot understand basic written material (Kirsh, 1993).

AAPs should meet readability standards of fifth grade level or lower.

School Asthma Action Plans



1. Must address FERPA compliance (Family Educational Rights and Privacy Act).
2. Parents must give permission to share information with the provider.
3. Parents must sign to allow education.
4. Physician/provider must sign regarding ability to self-carry and for medication administration.

Other Issues

Provider
signature

Copy to school
nurse

Educating
patient and
family

How many
copies/where
is it kept?

Consider ways to be more efficient with AAPs- work smarter

What can other team members complete?

If ACT is $20 \geq$, no action will be needed

Consensus and pre-complete all Yellow and Red Zones

Asthma Action Plan: PDSA Cycle—Asthma Action Plan

Provider/paper/same visit	• 40%
Provider/paper/return visit	• 0%
Provider or team/mail/return visit	• 20%
Provider/prefill AAP/same visit	• Better
Asthma educator/prefill AAP/same visit	• Best
PharmD/prefill AAP/same visit	• Best
Nurse/prefill AAP/same visit	• Best

Team Huddle



1. Determine current practices for completing AAP.
2. Determine goal for AAP.
3. Brainstorm PDSA cycles/flow diagrams to improve/create process:
 - Which patients?
 - Who completes the AAP?
 - When/what visits?
 - Where are blank action plans stored?
 - EMR - in computer? Scanned?
 - Create a flow diagram
 - How will you measure Action Plan use?

Homework / Taking it Back to Your Clinic



1. Address **Asthma Action Plans**
 - What's your current process?
 - What's your ideal?
2. Attend/Schedule **Trainings**
 - Medication Delivery Device
 - Spirometry Implementation

Our Vision

A World Free of Lung Disease

