## **Delivery of Asthma Education by Clinicians During Patient Care Visits**

Assessment Questions	Information	Skills
Recommendations for Initial Visit		
Focus on: - Expectations of visit - Asthma control - Patients' goals of treatment - Medications - Quality of life Ask relevant questions "What worries you most about your asthma?" "What do you want to accomplish at this visit?" "What do you want to be able to do that you can't do now because of your asthma?" "What do you expect from treatment?" "What do you expect from treatment?" "What medicines have you tried?" "What other questions do you have for me today?" "Are there things in your environment that make your asthma worse?"	Teach in simple language:  - What is asthma? Asthma is a chronic lung disease. The airways are very sensitive. They become inflamed and narrow; breathing becomes difficult.  - The definition of asthma control: few daytime symptoms, no nighttime awakenings due to asthma, able to engage in normal activities, normal lung function.  - Asthma treatments: two types of medicines are needed:  — Long-term control: medications that prevent symptoms, often by reducing inflammation.  — Quick relief: short-acting bronchodilator relaxes muscles around airways.  - Bring all medications to every appointment.  - When to seek medical advice.  Provide appropriate telephone number.  D Visit (2 to 4 Weeks or Sooner as Need Teach in simple language:  - Use of two types of medications.  - Remind patient to bring all medications and the peak flow meter, if using, to every appointment for review.  - Self/assessment of asthma control using symptoms and/or peak flow as a guide.	Teach or review and demonstrate: Inhaler and spacer or valved holding chamber (VHC) use. Check performance. Self-monitoring skills that are tied to a written asthma action plan: Recognize intensity and frequency of asthma symptoms. Review the signs of deterioration and the need to reevaluate therapy: Waking at night or early morning with asthma Increased medication use Decreased activity tolerance Use of a written asthma action plan (See figures 5 and 6.) that includes instructions for daily management and for recognizing and handling worsening asthma.  ed)  Teach or review and demonstrate: Use of written asthma action plan. Review and adjust as needed. Peak flow monitoring if indicated Correct inhaler and spacer or VHC technique.
"Please show me how you use your inhaled medications."		
Recommendations for Second Follow	vup Visit	ı
Focus on: - Expectations of visit - Asthma control - Patients' goals of treatment - Medications - Quality of life Ask relevant questions from previous visits and also ask: "Have you noticed anything in your home, work, or school that makes your asthma worse?" "Describe for me how you know when to call your doctor or go to the hospital for asthma care." "What questions do you have about the asthma action plan?" "Can we make it easier?"	Teach in simple language: - Self-assessment of asthma control, using symptoms and/or peak flow as a guide Relevant environmental control/ avoidance strategies: — How to identify home, work, or school exposures that can cause or worsen asthmaHow to control house-dustmites, animal exposures if applicable How to avoid cigarette smoke (active and passive) - Review all medications.	Teach or review and demonstrate: - Inhaler/spacer or VHC technique Peak flow monitoring technique Use of written asthma action plan. Review and adjust as needed Confirm that patient knows what to do if asthma gets worse

"Are your medications causing you any problems?"			
"Have you noticed anything in your			
environment that makes your asthma			
worse?"			
"Have you missed any of your			
medications?"	430.74		
Recommendations for All Subsequent Visits			
Focus on:	Teach in simple language:	Teach in simple language:	
- Expectations of visit	- Review and reinforce all:	- Review and reinforce all:	
- Asthma control	— Educational messages	— Educational messages	
- Patients' goals of treatment	Environmental control strategies at	Environmental control strategies	
- Medications	home, work, or school	at home, work, or school	
- Quality of life	— Medications	— Medications	
Ask relevant questions from	— Self-assessment of asthma control,	— Self-assessment of asthma	
previous visits and also ask:	using symptoms and/or peak flow as a	control, using symptoms and/or	
"How have you tried to control things	guide	peak flow as a guide	
that make your asthma worse?"		Teach or review and	
"Please show me how you use your		demonstrate:	
inhaled medication."		- Inhaler/spacer or VHC technique.	
		- Peak flow monitoring technique, if	
		appropriate.	
		- Use of written asthma action plan.	
		Review and adjust as needed.	
		- Confirm that patient knows what	
		to do if asthma gets worse.	

Sources: Adapted from Guevara et al. 2003; Janson et al. 2003; Powell and Gibson 2003; Wilson et al. 1993.

From: National Asthma Education and Prevention Program Expert Panel. **Expert Panel Report 3 (EPR-3): Guidelines for the Diagnosis and Management of Asthma - Summary Report 2007**. National Institutes of Health: National Heart, Lung, and Blood Institute; (2007). Figure 7, pp 22-23. <a href="http://www.nhlbi.nih.gov/guidelines/asthma/asthsumm.htm">http://www.nhlbi.nih.gov/guidelines/asthma/asthsumm.htm</a>. Accessed on 3/31/08.

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