

FIGURE 3–13. DELIVERY OF ASTHMA EDUCATION BY CLINICIANS DURING PATIENT CARE VISITS

Assessment Questions	Information	Skills
Recommendations for Initial Visit		
<p>Focus on:</p> <ul style="list-style-type: none"> ■ Expectations of visit ■ Asthma control ■ Patients' goals of treatment ■ Medications ■ Quality of life <p>“What worries you most about your asthma?”</p> <p>“What do you want to accomplish at this visit?”</p> <p>“What do you want to be able to do that you can't do now because of your asthma?”</p> <p>“What do you expect from treatment?”</p> <p>“What medicines have you tried?”</p> <p>“What other questions do you have for me today?”</p> <p>“Are there things in your environment that make your asthma worse?”</p>	<p>Teach in simple language:</p> <ul style="list-style-type: none"> ■ 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: <ul style="list-style-type: none"> — 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. 	<p>Teach or review and demonstrate:</p> <ul style="list-style-type: none"> ■ Inhaler (see figure 3–14) and spacer or valved holding chamber (VHC) use. Check performance. ■ Self-monitoring skills that are tied to a written action plan: <ul style="list-style-type: none"> — Recognize intensity and frequency of asthma symptoms. — Review the signs of deterioration and the need to reevaluate therapy: <ul style="list-style-type: none"> ◆ Waking at night or early morning with asthma ◆ Increased medication use ◆ Decreased activity tolerance ■ Use of a written asthma action plan (See figure 3–10.) that includes instructions for daily management and for recognizing and handling worsening asthma.
Recommendations for First Followup Visit (2 to 4 weeks or sooner as needed)		
<p>Focus on:</p> <ul style="list-style-type: none"> ■ Expectations of visit ■ Asthma control ■ Patients' goals of treatment ■ Medications ■ Patient treatment preferences ■ Quality of life <p>Ask relevant questions from previous visit and also ask:</p> <p>“What medications are you taking?”</p> <p>“How and when are you taking them?”</p> <p>“What problems have you had using your medications?”</p> <p>“Please show me how you use your inhaled medications.”</p>	<p>Teach in simple language:</p> <ul style="list-style-type: none"> ■ 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. 	<p>Teach or review and demonstrate:</p> <ul style="list-style-type: none"> ■ Use of written asthma action plan. Review and adjust as needed. ■ Peak flow monitoring if indicated (See figure 3–11.). ■ Correct inhaler and spacer or VHC technique.

FIGURE 3–13. DELIVERY OF ASTHMA EDUCATION BY CLINICIANS DURING PATIENT CARE VISITS (CONTINUED)

Assessment Questions	Information	Skills
Recommendations for Second Followup Visit		
Focus on:	Teach in simple language:	Teach or review and demonstrate:
<ul style="list-style-type: none"> ■ Expectations of visit ■ Asthma control ■ Patients' goals of treatment ■ Medications ■ Quality of life <p>Ask relevant questions from previous visits and also ask:</p> <p>“Have you noticed anything in your home, work, or school that makes your asthma worse?”</p> <p>“Describe for me how you know when to call your doctor or go to the hospital for asthma care.”</p> <p>“What questions do you have about the asthma action plan?” “Can we make it easier?”</p> <p>“Are your medications causing you any problems?”</p> <p>“Have you noticed anything in your environment that makes your asthma worse?”</p> <p>“Have you missed any of your medications?”</p>	<ul style="list-style-type: none"> ■ Self-assessment of asthma control, using symptoms and/or peak flow as a guide. ■ Relevant environmental control/avoidance strategies (See figure 3–15.): <ul style="list-style-type: none"> — How to identify home, work, or school exposures that can cause or worsen asthma — How to control house-dust mites, animal exposures if applicable — How to avoid cigarette smoke (active and passive) ■ Review all medications. 	<ul style="list-style-type: none"> ■ 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.
Recommendations for All Subsequent Visits		
Focus on:	Teach in simple language:	Teach or review and demonstrate:
<ul style="list-style-type: none"> ■ Expectations of visit ■ Asthma control ■ Patients' goals of treatment ■ Medications ■ Quality of life <p>Ask relevant questions from previous visits and also ask:</p> <p>“How have you tried to control things that make your asthma worse?”</p> <p>“Please show me how you use your inhaled medication.”</p>	<ul style="list-style-type: none"> ■ Review and reinforce all: <ul style="list-style-type: none"> — Educational messages — Environmental control strategies at home, work, or school — Medications — Self-assessment of asthma control, using symptoms and/or peak flow as a guide 	<ul style="list-style-type: none"> ■ 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.