

Primary Care Appointment Following an ED/UC Visit

Obtain Pre-exacerbation History

- Determine level of severity and control prior to exacerbation
- Ask about what may have precipitated the exacerbation (triggers/medication non-adherence)
- Did patient have an asthma action plan (AAP)? Was it followed during exacerbation?

Determine Present Status and Appropriate Treatment

- Exam
- Tobacco exposure
- Determine current severity rating and level of control
- Medication
- Treat co-morbid conditions
- Ensure controller medication is prescribed and being taken and review use of prednisone
- Check medication adherence, device technique, and peak flow
- Flu shot (during flu season)

Patient Education

- Revise/create Asthma Action Plan
- Provide and/or arrange for asthma education
- Address smoking cessation

Address Logistical Needs

- Fax new AAP to school (public schools: St. Paul (651) 632-3731, Minneapolis (612) 668-0855)
- Refill medications (second prescription for school)
- Prescribe peak flow meter or spacer, if needed
- Notes for work/school absences or authorizing return to work/school
- Refer uninsured and underinsured families to social worker

Follow-up

- Appointment one to three months
- Schedule asthma education
- Spirometry (after exacerbation resolves)
- Consider referrals as appropriate to
- Asthma specialist
- Public health nurse
- Environmental assessment and modification program

Was there a missed opportunity for managing this patient's asthma?

The following guidelines were reviewed in developing these recommendations: 1997 NHLBI guidelines; 2002 NHLBI guidelines update; GINA (Global Initiative on Asthma) guidelines; ICSI (Institute for Care Systems Innovations); AAAAI Pediatric Asthma: Promoting Best Practice.