Component 4: Education for a Partnership in Asthma Care

The goal of all patient education is to help patients take the actions needed to control their asthma.
Establish a Partnership

- Patient education should begin at diagnosis and be integrated into every step of medical care.
- Principal clinician should introduce key educational messages and negotiate agreements with patients.
- Other members of the health care team should reinforce and expand patient education.
- Team members should document in the patient’s record the key educational points, patient concerns, and actions the patient agrees to take.
Key Educational Messages for Asthma

- Basic Facts About Asthma
  - Contrast normal and asthmatic airways

- Roles of Medications
  - Long-term-control and quick-relief medications

- Skills
  - Inhalers, spacers, symptom and peak flow monitoring, early warning signs of attack

- Relevant Environmental Control Measures

- When and How To Take Rescue Actions
Education for a Partnership in Asthma Care: Key Patient Tasks

- Take daily medications for long-term control as prescribed
- Use metered-dose inhalers, spacers, and nebulizers correctly
- Identify and control factors that make asthma worse
Education for a Partnership in Asthma Care: Key Patient Tasks (continued)

- Monitor peak flow and/or symptoms
- Follow the written action plan when symptoms occur
# ASTHMA ACTION PLAN FOR

**Doctor’s Name**

**Date**

**Doctor’s Phone Number**

**Hospital/Emergency Room Phone Number**

## GREEN ZONE: Doing Well
- No cough, wheeze, chest tightness, or shortness of breath during the day or night
- Can do usual activities

And, if a peak flow meter is used:

- **Peak flow:** more than **(80% or more of my best peak flow)**
- My best peak flow is: ___________

### Take These Long-Term-Control Medicines Each Day (include an anti-inflammatory)

<table>
<thead>
<tr>
<th>Medicine</th>
<th>How much to take</th>
</tr>
</thead>
</table>

**Before exercise**

- 2 or 4 puffs, 5 to 60 minutes before exercise

## YELLOW ZONE: Asthma Is Getting Worse

**FIRST**

- Add: Quick-Relief Medicine – and keep taking your GREEN ZONE medicine
  
  - [ ] 2 or 4 puffs, every 20 minutes for up to 1 hour
  - [ ] Nebulizer, once

**SECOND**

- If your symptoms (and peak flow, if used) return to GREEN ZONE after 1 hour of above treatment:
  - [ ] Take:
  - (short-acting beta<sub>2</sub>-agonist)
  - [ ] 2 or 4 puffs, every 20 minutes for up to 1 hour
  - [ ] Nebulizer, once

- If your symptoms (and peak flow, if used) do not return to GREEN ZONE after 1 hour of above treatment:
  - [ ] Take:
  - (short-acting beta<sub>2</sub>-agonist)
  - [ ] 2 or 4 puffs, every 20 minutes for up to 1 hour
  - [ ] Nebulizer, once
  - (oral steroid)
  - [ ] Add: mg. per day for __________ (3-10) days
  - [ ] Call the doctor [ ] before/ [ ] within __________ hours after taking the oral steroid.

## RED ZONE: Medical Alert!

- Very short of breath, or
- Quick-relief medicines have not helped, or
- Cannot do usual activities, or
- Symptoms are same or get worse after 24 hours in Yellow Zone

### Take this medicine:

- [ ] __________ (short-acting beta<sub>2</sub>-agonist)
- [ ] __________ (oral steroid)

**Then call your doctor NOW.**

- Go to the hospital or call for an ambulance if:
  - You are still in the red zone after 15 minutes AND
  - You have not reached your doctor.

## DANGER SIGNS
- Trouble walking and talking due to shortness of breath
- Lips or fingernails are blue

### Take:

- [ ] 4 or 6 puffs of your quick-relief medicine AND
- Go to the hospital or call for an ambulance (__________) NOW!
Jointly Develop Treatment Goals

- Determine the patient’s personal treatment goals
- Share the general goals of asthma treatment with the patient and family
  - Prevent troublesome symptoms, including nocturnal symptoms
  - Maintain (near-) “normal” lung function
  - Maintain normal activity levels (including exercise and other physical activity). Not miss work or school due to asthma symptoms
Jointly Develop Treatment Goals
(continued)

- Prevent recurrent exacerbations of asthma and minimize the need for emergency department visits or hospitalizations
- Provide optimal pharmacotherapy with least amount of adverse effects
- Meet patients’ and families’ expectations of and satisfaction with asthma care
- Agree on the goals of treatment
Patient Education by Clinicians:
Initial Visit

- **Assessment Questions**
  - Focus on concerns, quality of life, expectations, goals

- **Information**
  - Teach what is asthma, treatments, when to seek medical advice

- **Skills**
  - Teach correct inhaler/spacer use, signs and symptoms of asthma, signs of deterioration, action plan
Patient Education by Clinicians: First Followup Visit

- **Assessment Questions**
  - Ask: New concerns? medication use? problems?

- **Information**
  - Teach: Use of types of medications; evaluation of progress in asthma control

- **Skills**
  - Teach: Use of action plan; correct inhaler use; consider peak flow monitoring
Patient Education by Clinicians: Second and Other Followup Visits

- **Assessment**
  - Concerns, problems, questions about action plan, expectations

- **Information**
  - How to identify factors that make asthma worse; environmental control strategies for indoor allergens; avoid tobacco smoke; review medication use, dose, frequency

- **Skills**
  - Inhalers, peak flow, use of action plan
Education for a Partnership in Asthma Care: Increasing the Likelihood of Compliance

- Develop an asthma action plan with the patient.
- Fit the daily medication regimen into the patient’s and family’s daily routines.
- Identify and address obstacles and concerns.
- Ask for agreement/plans to act.
Encourage or enlist family involvement.

Follow up. At each visit, review the performance of the agreed-upon actions.

Assess the influence of the patient’s cultural beliefs and practices that might affect asthma care.
Promoting Open Communication
To Encourage Patient Adherence

Friendly Manner

- Show attentiveness (e.g., eye contact, attentive listening)
- Give nonverbal encouragement (e.g., nodding agreement, smiling)
- Give verbal praise for effective management strategies
- Use interactive conversation (e.g., asking open-ended questions)
Promoting Open Communication
To Encourage Patient Adherence
(continued)

Reassuring Communication

- Elicit patient’s underlying concerns about asthma
- Allay fears with specific reassuring information
Maintain the Partnership

- Educational efforts should be continuous
- Demonstrate, review, evaluate, and correct inhaler/spacer technique at each visit because these skills deteriorate rapidly
Maintain the Partnership (continued)

- Promote open communication at each followup visit by:
  - Asking about patient concerns early in each visit
  - Reviewing the short-term goals agreed on in the initial visit
  - Reviewing the action plan and the steps the patient was to take
  - Adjust the plan as needed
  - Teaching and reinforcing key educational messages
  - Giving patients simple, brief written materials that reinforce the actions recommended and skills taught
Supplement Patient Education Delivered by Clinicians

- Written materials and formal education programs can *supplement, but not replace* patient education provided in the office.

- All patients may benefit from a formal asthma education program that has been evaluated and reported in the literature to be effective.
Formal programs should be:

- Taught by qualified asthma educators who are knowledgeable about asthma and experienced in patient education.
- Delivered as designed. Effectiveness may be compromised when various programs are pieced together or condensed, or when strategies are deleted.