



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)

Medicine	How much to take	

Before exercise

_____ 2 or 4 puffs 5 to 60 minutes before exercise

YELLOW ZONE: Asthma is Getting Worse

- Cough, wheeze, chest tightness, or shortness of breath, or
- Waking at night due to asthma, or
- Can do some, but not all, usual activities

-Or-

Peak flow: _____ to _____
(50% - 80% of my best peak flow)

FIRST Add: Quick-Relief Medicine – and keep taking your GREEN ZONE medicine

_____ 2 or 4 puffs, every 20 minutes for up to 1 hour
(short-acting beta₂-agonist) Nebulizer, once

SECOND If your symptoms (and peak flow, if used) return to GREEN ZONE after 1 hour of above treatment:

- Take the quick-relief medicine every 4 hours for 1 to 2 days.
- Double the dose of your inhaled steroid for _____ (7-10) days.

-Or-

If your symptoms (and peak flow, if used) do not return to GREEN ZONE after 1 hour of above treatment:

- Take: _____ 2 or 4 puffs or Nebulizer
(short-acting beta₂-agonist)
- Add: _____ mg. per day For _____ (3-10) days
(oral steroid)
- 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

-Or-

Peak flow: less than _____
(50% of my best peak flow)

Take this medicine:

- _____ 4 or 6 puffs or Nebulizer
(short-acting beta₂-agonist)
- _____ mg.
(oral steroid)

Then call your doctor NOW. Go to the hospital or call for an ambulance if:

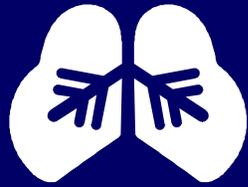
- You are still in the red zone after 15 minutes AND
- You have not reached your doctor.

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

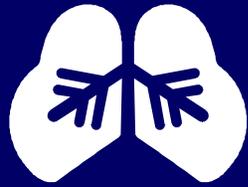
- Determine the patient's personal treatment goals
- Share the general goals of asthma treatment with the patient and family
 - Prevent troublesome symptoms, including nocturnal symptoms
 - Maintain (near-) “normal” lung function
 - Maintain normal activity levels (including exercise and other physical 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

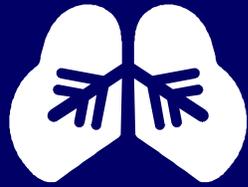
- Focus on concerns, quality of life, expectations, goals

■ 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

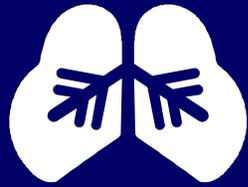
■ Skills

- 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.**



Education for a Partnership in Asthma Care: Increasing the Likelihood of Compliance (continued)

- 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)

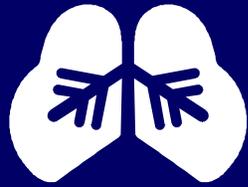
Reassuring Communication

- 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.



Supplement Patient Education Delivered by Clinicians (continued)

- 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.