Equipping you to improve respiratory care

Post-acute asthma care bundle

The asthma discharge care bundle is a short list of evidence-based practices which should be implemented prior to discharge for all patients who have been admitted with an acute exacerbation of asthma. It is based on a review of national guidelines and other relevant literature, expert opinion and consultation with patients. The bundle is being adopted in various hospitals across the UK and could also be used in practice to follow on from an unscheduled episode of Asthma care.

Practice organisations should ensure that there is an effective way of identifying patients who have been admitted to hospital or received unscheduled care for their asthma.

This practice improvement worksheet covers the four key points of review.

PCRS-UK Resources:

- PCRS-UK Opinion sheets Smoking cessation, Inhaler devices, High risk asthma, Asthma action plans, Asthma in adolescence, Managing acute exacerbations, Optimal asthma control, Tailoring inhaler choice
- PCRS-UK Quick Guide to the diagnosis and management of asthma in primary care
- PCRS-UK Acute asthma protocol, Asthma assessment and review
- PCRS-UK Asthma checklist

Other Resources:

- Implementing an acute care bundle. J E McCreanor, J Pollington, T Stocks, L Chandler. *Thorax* 2012;67:A183 doi:10.1136/thoraxjnl-2012-202678.363
- BTS/SIGN Guideline for the management of asthma see http://www.sign.ac.uk/guidelines/fulltext/101/index.html

- Improved care planning
- Better anticipatory care/ reduced readmissions
- Management in line with national guidance
- Reducing the impact of unscheduled care in the practice

Practice Improvement Worksheets, DRAFT version 01, Date of Expiry December 2015

This series of practice improvement worksheets are intended for members to use within their practice. This is a pilot project, prepared in DRAFT format. Please tell us what you think! We would like feedback on the accuracy, completeness, usefulness and outcomes of the resource. To submit your feedback visit https://www.surveymonkey.com/r/EQUIPPIW

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Arrange follow-up 48-72 hours following event

Reduce exposure to potentially avoidable triggers

- Consider occupation and hobbies
- If the patient is a smoker offer smoking cessation assistance including pharmacotherapy and specialist referral
- Consider physical activity programme or pulmonary rehabilitation programme
- Dietary advice and support with weight management

Offer written self-management plan, and also rescue pack to suitable patients

- Written self-management asthma
 action plans with rescue-
- medication for suitable patientsAssess patient/carer knowledge
- and address gaps
- Offer on-going self-care support

Is this a poor control / high risk patient?

- Consider alternative cause of symptoms including lifestyle e.g. smoking, obesity
- Review inhaler technique and adherence
- Optimise treatment according to local guidelines
- Self-management education, written asthma action plans and on-going support for patients and carers
- Consider referral for management of difficult asthma
- Patient to demonstrate ability to use inhaler appropriately
- Document in patient record
- If technique is poor an alternative delivery device that the patient can use should be prescribed
- Encourage good adherence with therapy

Address smoking, offer pharmacotherapy to support quit rates, consider referral to specialist smoking cessation. Consider recommending physical activity either informally or through PR if accessible. Discuss weight management, as well as potentially avoidable triggers (including occupation and hobbies).

Refer patients and carers to recognised sources of high quality patient information, such as Asthma UK. Asthma UK offer excellent resources including their range of asthma action plans – see

http://www.asthma.org.uk/advice-personal-action-plan

Arrange appropriate proactive follow up- consider issues of both asthma control and risk when deciding where, when and how to review the patient. Particular risk factors such as infrequent review, complex multi-morbidities, pyscho-social problems, and drug and alcohol dependence are challenging to deal with for clinicians and practices, but forward planning to minimize risk can establish clinical pathways that enable such patients to be treated in a timely and effective way. Consider virtual reviews, at risk registers, dedicated emergency staff contacts and walk-in solutions. Ensure that the clinical team can deliver standardised emergency asthma assessment and treatment as per BTS/SIGN guidelines.

The practice should ensure that those teaching and assessing inhaler technique have the skills to do so. Each inhaler technique event should be documented, remembering that there is a rapid decline in inhaler skill over time. Electronic case records allow for assessment of scripts collected which can be used as a proxy for adherence. Poor therapy adherence is recognized to be a key factor in patients with poor asthma control and high asthma risk.



Post acute asthma care bundle Page

Information for patients

Assess lifestyle

Arrange proactive follow-up as indicated

Satisfactory use of inhaler demonstrated and the importance of good adherence discussed



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