

IT'S OBVIOUS

**Chicago Asthma Consortium
Emergency Management of Asthma
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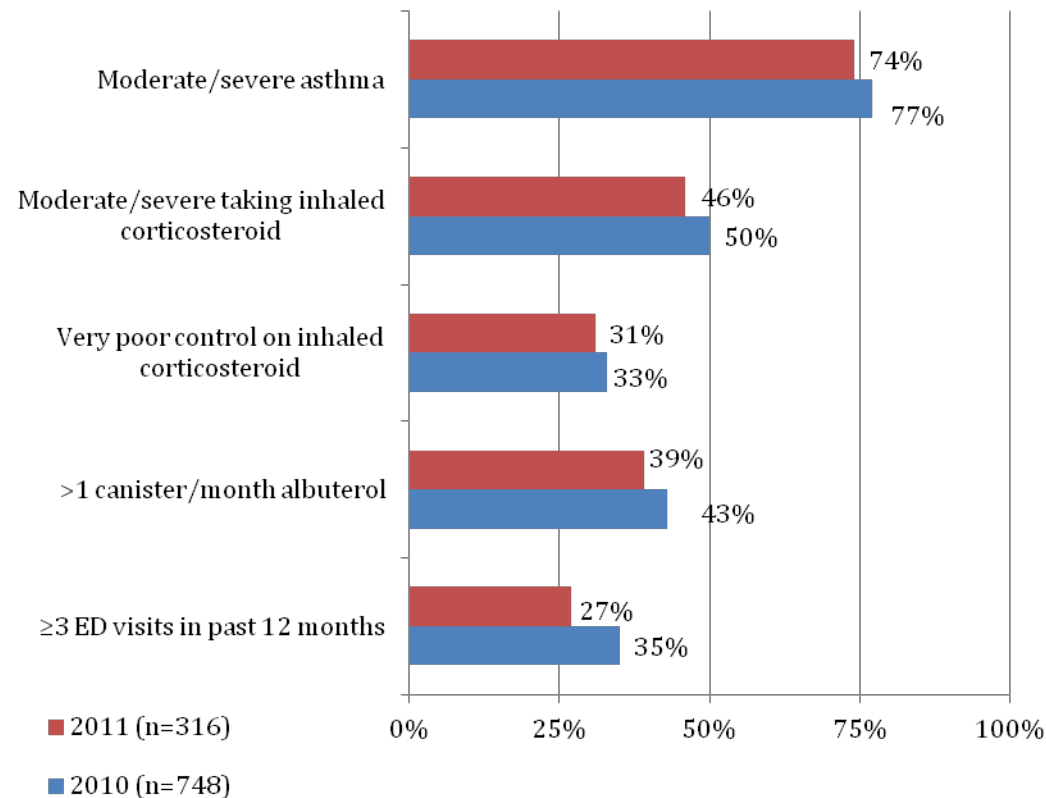
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IEDASP Asthma Burden Update

May 2013

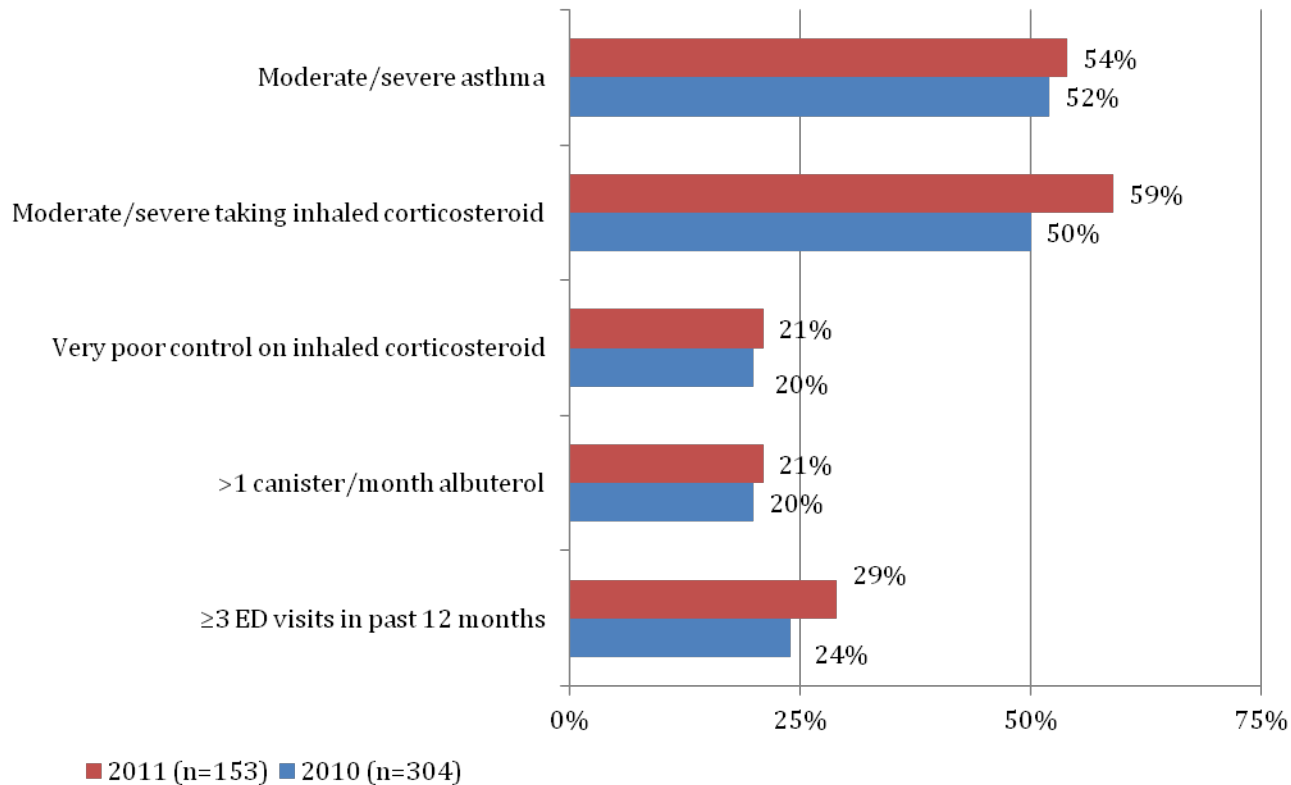
Figure 1. Adult Asthma Characteristics



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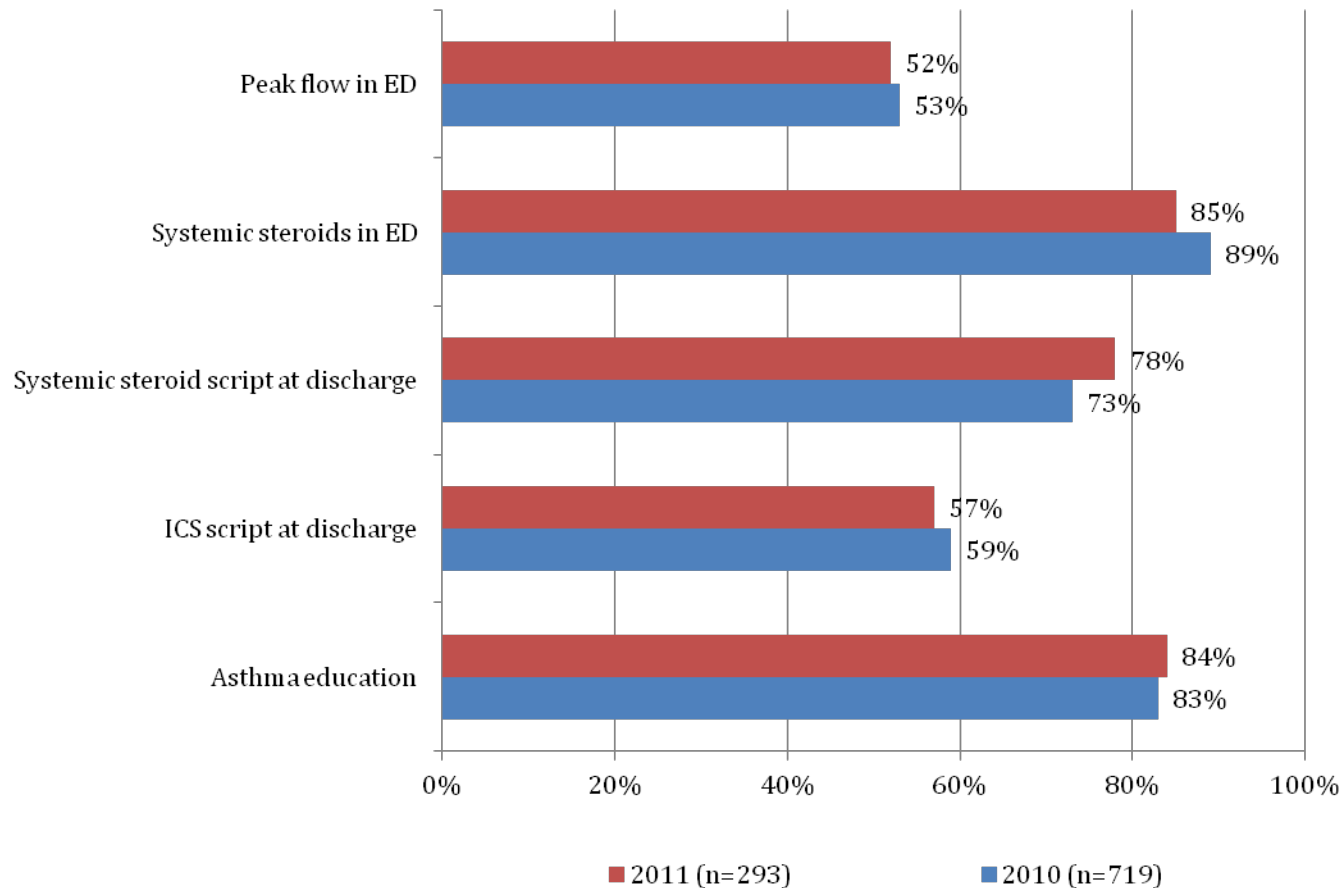
Figure 2. Pediatric Asthma Characteristics



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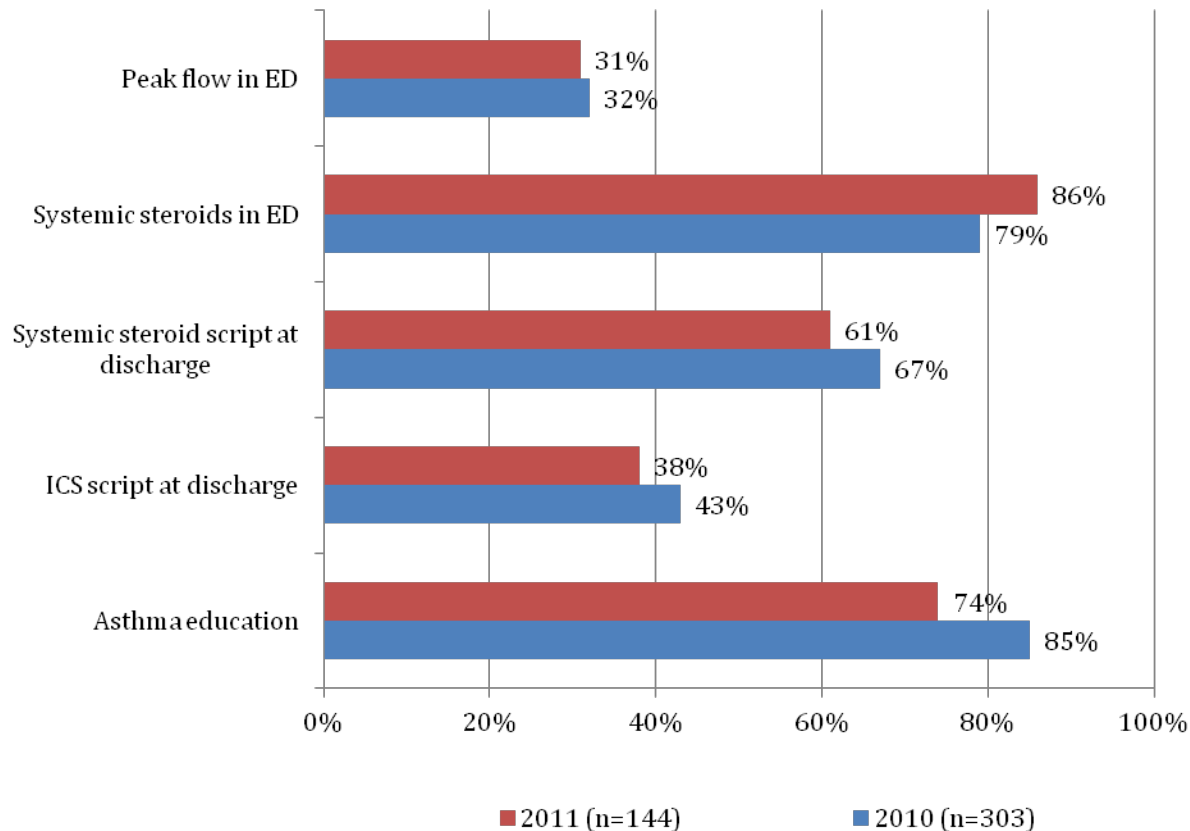
Figure 3. Adult Care in ED and at Discharge



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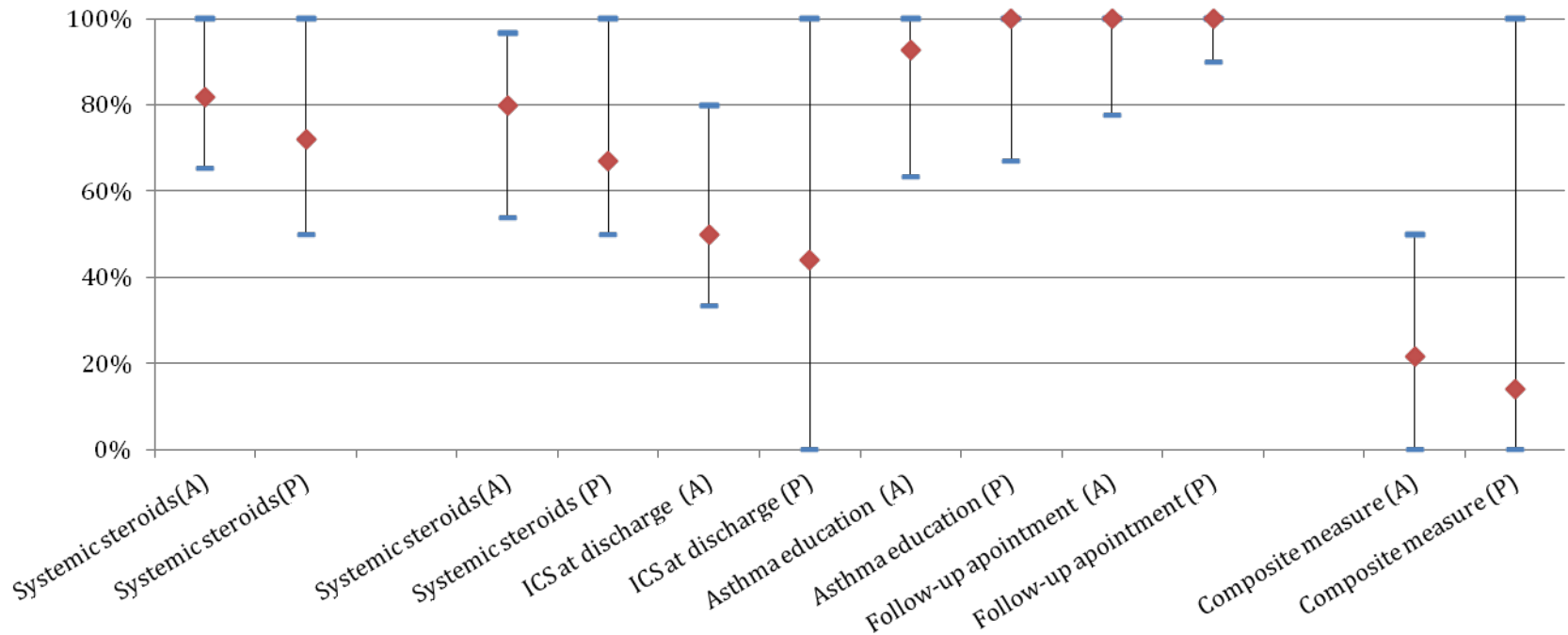
Figure 4. Pediatric Care in ED and at Discharge



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Figure 5. Adult (A) and Pediatric (P) Asthma Care Measures Across Emergency Departments



Asthma Discharge Form

Emergency Department Asthma Discharge Plan

You were seen today for an asthma attack in the Emergency Department. It is important for you to take steps to recover from this episode. You can learn to control your asthma so that you have less frequent or no attacks. Your regular provider can also give you information about your asthma. They can teach you how to treat your attacks early and at home.

Follow the instructions you receive from the Emergency Department. Make sure to see your provider. It is important to do this within 7-10 days.

Your next appointment

Provider or clinic name: _____

Provider phone number: _____

Appointment Date: _____ Time: _____

Phone number to call for appointment if you do not have a regular provider: _____

Follow the directions for your meds. Make sure you know how they work. Know why you are taking them. The dose of your meds and how long to take them are listed below.

Your asthma medicines

Directions for taking your meds:

	Name of Medicine	Dose/ Number of puffs and how often to take	Number of Days to be taken
Steroid pills or syrup			
Inhaled Steroid			
Quick relief medicine			
Other meds			

Taking your meds and avoiding the triggers that brought on this attack will bring about recovery best. This will start you on the path of better control. When you see your provider, tell them about meds from the Emergency Department. Then see what different meds you may need to control your asthma.

Getting better or worse?

You can see if you are getting better or if you should return to the Emergency Department.

You are getting BETTER if:

- Less frequent quick relief inhaler
- Able to do more without shortness of breath
- Sleeping through the night
- Improving peak flow

You are getting WORSE if:

- Frequent use of quick relief inhaler- more than
- Shortness of breath even with slight effort
- Breathing like you were before you came to emergency—consider going back to ER or call provider
- Peak flow not improving or falling



Asthma Discharge Form

General Asthma Medicines- How to Recover From This Attack

- Steroid tablets or liquid (prednisone, prednisolone or other):** These are needed for you to recover from your attack. You should take these for the full time prescribed even when you feel better. They are usually given for 5-10 days. When taken for short periods they do not usually have serious side effects.
- Inhaled quick relief medicine, "puffer" (albuterol or other):** These meds give fast but temporary relief. When recovering from an attack you will need steroid tablets or liquids for these to work well. Take 2 puffs as you have been taught every 4-6 hours for wheezing or chest tightness. If you need this more frequently you are not better yet.
- Inhaled steroids (many products):** These are the best meds for overall control of your asthma. Taken in the right dose every day they can reduce attacks and improve your quality of life. They do not work immediately but over time will improve your asthma. They do not have the side effects that steroid tablets or liquids do.
- Leukotriene modifiers (Accolate, Singulair and others):** These meds reduce one of the reactions that contribute to asthma. They are taken as pills daily. They help with control but not for immediate relief.
- Other meds:** There may be other meds for your asthma or related condition. These include treating allergies with pills or nasal steroids; combining a long acting reliever with an inhaled steroid; and antibiotics if you have a bacterial infection.

Triggers for your asthma

After your talk with the Emergency Department staff you may have a better idea of what caused this attack. It can help to see what you might change. Some of the more common triggers are allergies to pet animals or pollens or household allergies like mold, dust mites or cockroaches. They can also include cigarette smoke (either yours or another's in the house) and virus infections, especially in the winter. Triggers can be strong household cleaners or chemicals. Some asthma patients can react to aspirin or ibuprofen (Advil or Motrin) type meds. Instead of this use only acetaminophen (Tylenol.)

Some common triggers that cause me problems that I might avoid or change:

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Tobacco smoke | <input type="checkbox"/> Animal or pet allergies | <input type="checkbox"/> Indoor mold |
| <input type="checkbox"/> Pollen/plant allergies | <input type="checkbox"/> Strong odors/sprays or cleaners | <input type="checkbox"/> Dust mites |

You Can Control Your Asthma

By taking your meds, acting on triggers and learning what good asthma control is, you will be more likely to avoid future attacks. If you do have another attack, your healthcare provider can give you a plan for treating them early, even at home. Asthma can be a lifelong problem but can be controlled and attacks lessened.



Next Steps

