Discharge Planning for Patients with Asthma: Evidence Based Composite Algorithm

Action Plans
Recommendation to provide a hospital asthma action plan to all patients on discharge. Plan should include written instructions for medication usage and review referral advice.

Evidence: Level 1 and 2a

Provide discharge medication
Recommendation for medicines to be dispensed directly to the patient prior to discharge to increase compliance.

Evidence: Level 2a, 5, 6
Reference: Cincinnati Children’s Hospital Medical Center (2002): Evidence Based Clinical Practice Guideline – Managing an Acute Exacerbation of Asthma, Cincinnati US.

Organise follow up appointment with GP and other relevant health professional
Recommendation for follow up to include:
1. Discharge summary (including details of medication, best and worst PEF, trigger factors and action/management plan) to be faxed to the GP prior to the time of discharge, if a GP has been identified by the patient.
2. Patient to see GP/Specialist within 2 days following discharge.
3. Follow up medical review with a doctor who has experience in the management of asthma is recommended. Patients should be reviewed again within 4 weeks of discharge.

Evidence: Level 2b, 5
Reference: North Western Health (1999): Evidence Based Guidelines – Hospital Management of Acute Asthma, Western Hospital.

References
Web link: http://www.sign.ac.uk/guidelines/fulltext/63/index.html

Please note that all information gained from the six Clinical Guidelines sourced had varying references to levels of evidence. For the sake of this poster the project team have asked an independent reviewer to categorise all data from the Clinical Guidelines into the Sackett et al (2000) Hierarchy of Evidence. The Level of Evidence indicated relates to the table below.

- Level 1 Meta-analyses of randomised controlled clinical trials
- Level 2a One randomised controlled clinical trial (RCT)
- Level 2b One non-randomised, or non-controlled, or non-blinded clinical trial (CCT, CTT)
- Level 3 Observational studies (case control, cohort)
- Level 4 Pre-post test clinical trials
- Level 5 Descriptive studies
- Level 6 Anecdotal evidence

For more information about this Algorithm please visit the iCAHE website:

Assess contributing factors to admission
“why were you admitted?”
Recommendation for patient education to include an explanation of asthma, trigger factors and the potential cause of this exacerbation. Describe signs of asthma crisis and its management.

Evidence: Level 2a
Reference: North Western Health (1999): Evidence Based Guidelines – Hospital Management of Acute Asthma, Western Hospital.

Check current self-management plan and compliance with medications
Recommendations for education, self-management plans and check for compliance with medications

Evidence: Level 2a
References:
Web link: http://www.sign.ac.uk/guidelines/fulltext/63/index.html

Education
Recommendations for patient-centered, specific education efforts inclusive of the following elements:
- Asthma as disease/effect
- Action Plan
- Trigger factors/smoking
- Nebuliser
- Inhaler/spacer use
- Prevention
- Medications/compliance
- Peak flow monitoring
- Asthma first aid

Evidence: Level 1 and 2a
References:
1. Cincinnati Children’s Hospital Medical Center (2002): Evidence Based Clinical Practice Guideline – Managing an Acute Exacerbation of Asthma, Cincinnati, US.

Discharge Home (Timing of Discharge)

General Practitioner
Pharmacist
Self-Management
Asthma Foundations/Groups

Post Discharge Management

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