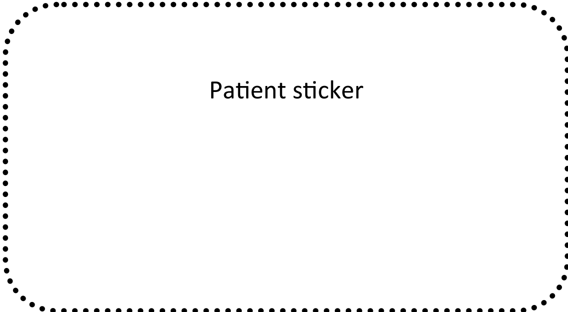
British Thoracic Society

BTS Asthma Discharge Care Bundle: 2016



This care bundle describes 5 high impact actions to ensure the best clinical outcome for patients attending hospital with an acute asthma attack. The aim is to reduce the number of patients who are readmitted following discharge and to ensure that all aspects of the patient's asthma care are considered. This bundle applies to patients from age 2 onwards (but may not always be suitable for patients under 5).

- In patients under 5 and older patients (particularly those with a smoking history) ensure that a correct diagnosis of asthma is established (see the BTS Asthma Guideline for diagnosis information).
- Optimal preventer therapy for children aged 2 to 5 with recurrent episodes of acute 'viral wheeze' and minimal interval symptoms is unknown. As a group, children with viral wheeze do not respond to inhaled corticosteroid preventer treatment.
- **Children under 5 with frequent and/or severe wheeze attacks requiring hospital attendance should have a specialist review.**

COMPLETE FOR DISCHARGES WITH ASTHMA ATTACK

1. ALL PATIENTS (OR FAMILY MEMBERS/CARERS ADMINISTERING MEDICINES) SHOULD HAVE THEIR INHALER TECHNIQUE ASSESSED PRIOR TO DISCHARGE

Correct use of inhalers is associated with improved outcomes for patients including a reduction in risk of exacerbations and hospital admission. Repeated instruction is required to ensure that inhaler technique is optimised. Every opportunity must be taken to promote good inhaler technique in order to ensure adequate delivery of therapy.

Inhaler technique checked? **YES** ☐ **NO** ☐ **Inhaler use instruction provided?** **YES** ☐ **NO** ☐

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2. ALL PATIENTS SHOULD HAVE THEIR MEDICATIONS ASSESSED. THE IMPORTANCE OF MEDICATION ADHERENCE TO GOOD ASTHMA CONTROL SHOULD BE REINFORCED TO PATIENTS (AND / OR ANY FAMILY MEMBERS OR CARERS ADMINISTERING MEDICINES) PRIOR TO DISCHARGE

Review of medication is vital following a hospital attendance or admission as intentional and unintentional non-adherence to preventer therapies (principally inhaled corticosteroids) frequently causes deterioration in asthma control.

Medication classes reviewed? **YES** ☐ **NO** ☐ **Doses reviewed (increasing/ decreasing as necessary)?** **YES** ☐ **NO** ☐ **Was the importance of adherence to preventer medication discussed with the patient/family?** **YES** ☐ **NO** ☐

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3. A WRITTEN ASTHMA ACTION PLAN FOR HOW TO MANAGE CARE SHOULD BE PROVIDED TO PATIENTS AND FAMILIES/CARERS

Self-management/action plans for asthma provide information for patients and their families on how to carry out disease specific elements of self-care. There is strong evidence that providing written action plans, in addition to verbal information, is associated with improved patient/carer understanding of asthma and thereby reduces risk of further attack and hospitalisation. Examples of asthma action plans and further information on self-management can be found at www.asthma.org.uk.

A written action plan has been provided? **YES** ☐ **NO** ☐ **Already has a plan** ☐

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4. TRIGGERING AND EXACERBATING FACTORS IN THE PATIENT'S OVERALL ENVIRONMENT SHOULD BE CONSIDERED

Attacks may have an identifiable trigger which should be recognised in order to minimise exposure and reduce risk of further asthma attacks. Trigger factors include NSAIDs, smoking/smoke exposure in the home, psychosocial instability and other issues such as pets. Explicit attention should be paid to potential occupational factors. Recognition of these and other potential causes was identified as an important factor in the NRAD report.

Have trigger factors* with the patient's environment been considered?

NSAIDs? **YES** ☐ **NO** ☐ **Uncertain** ☐ **NA** ☐

Smoking/smoke exposure in the home? **YES** ☐ **NO** ☐ **Uncertain** ☐ **NA** ☐

Occupational? **YES** ☐ **NO** ☐ **NA** ☐

Other? **YES** ☐ **NO** ☐

* 'proving' triggers e.g. occupational exposure, pets, NSAIDs may require further investigation at follow-up.

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5. SUBSEQUENT CARE: FOLLOW-UP IN THE COMMUNITY TO BE ARRANGED WITHIN 2 WORKING DAYS PLUS SPECIALIST CARE ACCORDING TO CRITERIA WITHIN 2 WEEKS

National guidance clearly recommends early primary care follow up to improve outcomes. Local discussions may need to be held in order to fit this into local systems and care pathways.

Community follow up arranged within 2 working days? **YES** ☐ **NO** ☐ **Specialist follow up arranged within 2 weeks?** **YES** ☐ **NO** ☐

Signature

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