

## Read the Guidelines from the

## National Asthma Education and Prevention Program and choose:

Clinical Issue	Key Clinical Activities and Action Steps
Patient Education for Self-Management	<p><b>Teach patients how to manage their asthma.</b></p> <ul style="list-style-type: none"><li>▪ Teach and reinforce at each visit:<ul style="list-style-type: none"><li>▪ Self-monitoring to assess level of asthma control and recognize signs of worsening asthma (either symptom or peak flow monitoring)</li><li>▪ Taking medication correctly (inhaler technique, use of devices, understanding difference between long-term control and quick-relief medications)<ul style="list-style-type: none"><li>- <b>Long-term control medications</b> (such as inhaled corticosteroids, which reduce inflammation) prevent symptoms. Should be taken daily; will not give quick relief.</li><li>- <b>Quick-relief medications</b> (short-acting beta<sub>2</sub>-agonists or SABAs) relax airway muscles to provide fast relief of symptoms. Will not provide long-term asthma control. If used &gt;2 days/week (except as needed for exercise-induced asthma), the patient may need to start or increase long-term control medications.</li></ul></li><li>▪ Avoiding environmental factors that worsen asthma</li></ul></li></ul> <p><b>Develop a written asthma action plan</b> in partnership with patient/family (sample plan available at <a href="http://www.nhlbi.nih.gov/health/public/lung/asthma/asthma_actplan.pdf">www.nhlbi.nih.gov/health/public/lung/asthma/asthma_actplan.pdf</a>).</p> <ul style="list-style-type: none"><li>▪ Agree on treatment goals.</li><li>▪ Teach patients how to use the asthma action plan to:<ul style="list-style-type: none"><li>▪ Take daily actions to control asthma</li><li>▪ Adjust medications in response to worsening asthma</li><li>▪ Seek medical care as appropriate</li></ul></li><li>▪ Encourage adherence to the asthma action plan.<ul style="list-style-type: none"><li>▪ Choose treatment that achieves outcomes and addresses preferences important to the patient/family.</li><li>▪ Review at each visit any success in achieving control, any concerns about treatment, any difficulties following the plan, and any possible actions to improve adherence.</li><li>▪ Provide encouragement and praise, which builds patient confidence. Encourage family involvement to provide support.</li></ul></li></ul> <p><b>Integrate education into all points of care involving interactions with patients.</b></p> <ul style="list-style-type: none"><li>▪ Include members of all health care disciplines (e.g., physicians, pharmacists, nurses, respiratory therapists, and asthma educators) in providing and reinforcing education at all points of care.</li></ul>

1. Long-term control medications **should be taken daily / only when symptoms appear** to prevent asthma symptoms.
2. Quick-relief medications **provide fast symptom relief / reduce long-term inflammation** during asthma attacks.
3. Patients **should / should not** be taught how to monitor their symptoms or peak flow regularly.
4. Inhaler technique **is / is not** important to review at every visit.
5. Using quick-relief inhalers more than twice a week (not including exercise) **may indicate / does not indicate** the need for long-term control medications.
6. Asthma action plans **should be developed with the patient / are only for healthcare providers to use**.
7. The action plan helps patients **control their asthma daily / diagnose new lung diseases**.
8. All members of the care team **can / cannot** contribute to patient education about asthma.
9. Family support **can / cannot** play a role in helping patients manage asthma more effectively.
10. Providing encouragement and praise **builds / weakens** patient confidence and motivation.