**NR565 ASTHMA PROTOCOL: INITIAL VISIT**

**Name**:

**General Instructions:**

Carefully read the assignment guidelines and rubric and complete each section of the asthma protocol below.

1. **RATIONALE**
	1. This protocol will assist in the differentiation between treatment needs for clients with asthma based on age and symptom frequency and severity, including the process for identification of clients in need of referral to pulmonology to improve asthma control. The design of the protocol for asthma encompasses these principles.
2. **SYMPTOMS**
	1. **ASTHMA**
		1. History of respiratory symptoms that vary over time with varying intensity, including:
			1. Wheezing
			2. Shortness of breath
			3. Chest tightness
			4. Cough
		2. Triggers for exacerbation can include:
			1. Exercise
			2. Allergens
			3. Season changes
			4. Laughter
			5. Respiratory illness
		3. Presence of asthma phenotypes
		4. Client responses on the Asthma Control Test (ACT) or the Asthma Control Questionnaire (ACQ)
		5. Reduced lung function and responsiveness with medications
			1. Reduced expiratory airflow (forced expiratory volume in one second, a.k.a. FEV1)
			2. Variable peak expiratory flow (PEF)
3. **PHYSICAL EXAM**
	1. Perform the following examinations:
		1. Vital Signs (blood pressure, pulse, oxygenation, respiratory rate)
		2. Auscultation for wheezing
		3. Identify increased work of breathing
		4. Identify retractions
		5. Cardiac assessment
		6. Lower extremities for edema and pulses
		7. Neurological
	2. Consult supervising physician if findings of:
		1. Respiratory distress
4. **LAB TESTS**
	1. Depending on severity, can include:
		1. Arterial or venous blood gas
			1. ph
			2. O2
			3. CO2
			4. Bicarbonate
			5. Base excess
		2. CBC
			1. Hemoglobin and hematocrit
			2. WBC and eosinophils
		3. Total or specific IgE levels
		4. Consult supervising physician if:
			1. Abnormal blood gas results or severe anemia
5. **PULMONARY FUNCTION TESTS**
	1. Forced expiratory volume in one second (a.k.a. FEV1)
	2. Peak expiratory flow (PEF)
6. **PHARMACOLOGICAL TREATMENT**

**Asthma Treatment Algorithm:**

To successfully treat asthma, you must first classify it and then be familiar with step therapy. For this assignment and in this course, we will focus on patients 12 years and older. Complete the blanks in the following table to create an algorithm for asthma care using your textbook as well as GINA guidelines linked in the assignment instructions.

|  |  |
| --- | --- |
| **What is a “reliever”?** | Click or tap here to enter text. |
| **What is a “controller”?** | Click or tap here to enter text. |
| **Step** | **Asthma Classification** | **Asthma symptoms and frequency as noted in textbook** | **Controller and Preferred Reliever:***(Drug Class and frequency if provided from GINA guidelines)* | **Controller and Alternative Reliever:***(Drug Class and frequency if provided from GINA guidelines)* |
| **Step 1** | Click or tap here to enter text. | **Daytime symptoms** |  | **Drug class:** Click or tap here to enter text.**Example Drug:**Click or tap here to enter text.**Frequency:** Click or tap here to enter text. | **Drug class:**Click or tap here to enter text.**Example Drug:** Click or tap here to enter text.**Frequency:**Click or tap here to enter text.  |
| **Nighttime awakenings** | Click or tap here to enter text. |
| **Step 2** | Click or tap here to enter text. | **Daytime symptoms** | Click or tap here to enter text. | **Drug class:** Click or tap here to enter text.**Example Drug:** Click or tap here to enter text.**Frequency:**Click or tap here to enter text. |
| **Nighttime awakenings** | Click or tap here to enter text. |
| **Step 3** | Click or tap here to enter text. | **Daytime symptoms** | Click or tap here to enter text. | **Drug class:** Click or tap here to enter text.**Example Drug:** Click or tap here to enter text.**Frequency:**Click or tap here to enter text. | **Drug class:** Click or tap here to enter text.**Example Drug:** Click or tap here to enter text.**Frequency:**Click or tap here to enter text. |
| **Nighttime awakenings** | Click or tap here to enter text. |
| **Step** **4-5** | Click or tap here to enter text. | **Daytime symptoms** | Click or tap here to enter text. | **Step 4:****Drug class:**Click or tap here to enter text. **Example Drug:**Click or tap here to enter text.**Frequency:**Click or tap here to enter text. | **Drug class:** Click or tap here to enter text.**Example Drug:** Click or tap here to enter text.**Frequency:**Click or tap here to enter text. |
| **Nighttime awakenings** | Click or tap here to enter text. | **Step 5:** **Drug class:**Click or tap here to enter text.**Example Drug:**Click or tap here to enter text.**Frequency:**Click or tap here to enter text.**Refer for:**Click or tap here to enter text. | No change. |

Citation (Provide (Author, year) and not full reference): Click or tap here to enter text.

1. **TREATMENT DIFFERENCES IN ADULTS AND CHILDREN**
	1. 1st line initial pharmacological treatment in step one, track one asthmatic adult clients and no compelling contraindications/comorbidities are identified: *(Choose a generic drug from the drug class you would like to prescribe as initial asthma treatment for adults).*
		1. Drug: Click or tap here to enter text.
		2. Dose: Click or tap here to enter text.
		3. Route: Click or tap here to enter text.
		4. Frequency: Click or tap here to enter text.
		5. Instructions to provide patient: Click or tap here to enter text.
		6. Caution/Precautions: Click or tap here to enter text.
		7. Using a source such as GoodRX, what is an estimated cost of this drug for a 30-day supply? Click or tap here to enter text.
		8. What client education is needed for this drug?

Citation (Provide (Author, year) and not full reference): **SCHOOL BOOK**

* 1. 1st line initial pharmacological treatment in step one, track one pediatric clients (ages 6-11) and no compelling contraindications/comorbidities are identified: *(Choose a generic drug from the drug class you would like to prescribe as initial asthma treatment for pediatric clients).*
		1. Drug: Click or tap here to enter text.
		2. Dose: Click or tap here to enter text.
		3. Route: Click or tap here to enter text.
		4. Frequency: Click or tap here to enter text.
		5. Instructions to provide patient: Click or tap here to enter text.
		6. Caution/Precautions: Click or tap here to enter text.
		7. Using a source such as GoodRX, what is an estimated cost of this drug for a 30-day supply? Click or tap here to enter text.
		8. What client education is needed for this drug?

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1. **TREATMENT MONITORING**
	1. How long until a follow-up appointment should be done with the client?

Click or tap here to enter text.

* 1. Monitoring needs for first-line medications prescribed to adults for track one, step one: *(Include physical assessments, pulmonary function tests, and lab/diagnostics as applicable. If not applicable, enter N/A to show you find it not applicable.)*
		1. Physical Assessments:

Click or tap here to enter text.

* + 1. Pulmonary Function Tests:

Click or tap here to enter text.

* + 1. Labs:

Click or tap here to enter text.

Citation (Provide (Author, year) and not full reference): Click or tap here to enter text.

1. **TREATMENT FAILURE**
	1. How will you know if the treatment is not working or needs to progress?

Click or tap here to enter text.

* 1. What is the next step if treatment is not working or needs to progress?

Click or tap here to enter text.

* 1. What indicators would demonstrate the client requires a higher level of care?

Click or tap here to enter text.

Citation (Provide (Author, year) and not full reference): Click or tap here to enter text.

References

(3 Scholarly, Full APA References required)