Reach the Peak Asthma and Allergy Course
-Small Group Case Scenario Discussion Guide-

What is expected of <u>conference participants</u> in preparation for the small group session:

1. You have been preassigned to a virtual or in-person small group.

2. Day 1:
   a. Attend the 30-minute meet and greet small group session. During this time you will get to know other members of your small group; be able to ask your small group leader any questions about the first day's presentations; and your small group leader will briefly walk through virtual workbook.
   b. Each participant is encouraged to work independently through all the case scenarios within the virtual workbook. (link is below)
   c. Links to the tools to use when reviewing the cases are in the virtual notebook and will also be highlighted in an instructional email sent to attendees and small group leaders.
   d. Pick one or two cases to discuss during day 2's small group session

2023 Reach the Peak Virtual Workbook | Review 360 (articulate.com)

3. Day 2: small groups will meet in virtual rooms or in-person. During this1.5 hours your small group leader (facilitator) will go over the different inhaled delivery device; review some of the case studies; and answer any questions you may that may have come up from the presenters' topics.

5. Below is suggested content to use when reviewing the cases and to help prompt discussions during the small group session.

THE ASTHMA CONDITION—the questions below will help attendees apply RTP conference content:

1. How would you classify your patient's **Severity Rating?** Why?

<u>Severity</u> – Severity: the intrinsic intensity of the disease process.
Symptom frequency, nighttime awakenings, SABA use (outside of prevention of EIB,) interference with normal activity, lung function (spirometry)

2. How would you classify your patient's **Control Rating**? Why?

Control – the degree to which the manifestations of asthma (symptoms, functional impairments, and risks of untoward events) are minimized, and the goals of therapy are met.
Symptom frequency, nighttime awakenings, SABA use (outside of prevention of EIB), spirometry or peak flow, validated questionnaire results (ACT), frequency of exacerbations

Factors Contributing to Acute and Chronic Asthma

1. What are the factors (triggers) contributing to your patient's acute and chronic asthma? Classify each trigger as an allergen or an irritant.

2. Are there any other co-morbidities making your patient's asthma more difficult to control or that mimic asthma?

3. What further testing may be warranted for your patient, and why?

PATIENT AND FAMILY ASSESSMENT

DISCUSSION: What do you want to know about your patient's medical history?

Family history, history of asthma symptoms, diagnosis date, frequency of exacerbations, severity of exacerbations, co-morbidities, medications (including prescribed and over the counter/herbal), activity level, number of prednisone bursts in the last year, number of ED visits and hospitalizations in the last year, ICU, known allergies and triggers, tobacco use and exposure

1. Does your patient have any high-risk asthma signs and symptoms?

(High risk includes 1 admission in the past year, 2 or more ED visits in the past year, ICU or intubation ever)

2. Is there a pattern to your patient's current symptoms?

Physical exam

DISCUSSION: What are the key components to assess in a patient's physical exam?

Spirometry, respiratory rate, breath sounds (crackles, wheezing, cough), signs of physical distress, nasal secretions, nasal mucosal swelling, nasal polyps, mouth breathing, nasal voice, allergic "shiners", allergic "salute", eczema/atopic dermatitis, obesity, retractions, nasal flaring

1. What are the pertinent findings of your patient's physical exam?

2. Is your patient at their baseline or are they having an exacerbation? Why?

Objective measures

DISCUSSION: What do the following spirometry values measure?

a. FEV1 = forced expiratory volume in first second
b. FVC = forced vital capacity
c. FEV1/FVC = ratio of forced expiratory volume in first second to forced vital capacity

1. If available, list your patient's spirometric values (absolute values and percent predicted)

FEV1 Pre:	FEV1 post:	FEV1 %change:
FVC Pre:	FVC Post	FVC %change:
FEV1/FVC Pre:	FEV1/FVC Post	FEV1/FVC %change:

Is your patient's spirometry normal?
What does their flow volume loop show?
How would you interpret this measure of pulmonary function?

DISCUSSION: What might be some barriers to obtaining accurate spirometry for your patient? How would you address them?

Age, cognitive ability, physical impairment, anatomic abnormality, anxiety, coughing, dyspnea

ASTHMA MANAGEMENT

Medications and delivery devices

1. What medication(s) is your patient taking?

2. List the common side effects, interactions and contraindications for each medication.

3. List 1-2 alternative medications for each class of your patient's current medications

Medication	Class	Device type	Dose	Frequency	Duration

4. Based on EPR-3 guidelines, does your patient need to Step Up, Step Down, or remain on the current regimen? Why?

5. What, if any co-morbid conditions does your patient have that could require other types of medications?

Condition	Type of Medication

Identifying the conditions that impact asthma control and the type of medication that can treat these conditions with would suffice. Consider GERD, obesity, pregnancy, cardiac disease, eczema, and allergic rhinitis as co-morbid conditions.

6. Is your patient taking any other medications or supplements? (List any that apply) If so, also list any possible contraindications or precautions for patients with asthma. Are there any interactions with the current medications OR other asthma medications?

Behavioral and Environmental Modifications

1. Complete the Asthma Control Test (ACT) for your patient. What does this score indicate?

Use ACT in the Management Section of the notebook

2. Assess your patient for the following:

a. Adherence barriers regarding self-assessment and self-management.
b. Based on your patient's description, assess your patient's readiness to learn.
c. What coping strategies are used by your patient and/or his or her family?

3. Based upon your patient's multi-dimensional assessment, describe strategies for the following:

a. Identifying potential barriers and adherence issues
b. Optimizing coping strategies and routines
c. Improving social support from families and significant others
d. Identifying solutions to barriers

DISCUSSION: Describe strategies for addressing potential barriers to successful asthma management.

1. Recommend using a dose-scheduling chart or other visual cues (i.e. calendar, sticker chart, Outlook reminders, watch alarm, cell phone alarm) if the patient forgets to take their medication
2. Recommend an activity cue such as timing medication with tooth brushing in the AM and PM
3. Recommend using a symptom and peak flow record if the patient is a poor-perceiver of asthma symptoms and at least 8 years of age.

4. Only prescribe 1 SABA refill at a time for patients that may be over-using or abusing SABA, so you can track how often the pharmacies are calling you for refills.

4. What is the single most important non-pharmacologic change you could promote for your patient to improve their management?

Reduce or eliminate triggers

Education and self-management

DISCUSSION: Assume that one member of the group is your patient or parent and one of you is the Asthma Educator. Role-play an asthma education session for the following. The rest of the group can add feedback or trade off in roles as indicated.

1. Assess your patient's and his or her parent/family's knowledge regarding asthma and treatment:

Ask:

1. What is asthma?
2. What are the signs and symptoms of asthma?
3. What are triggers?

4. What medications are you taking, and why?
5. How do you take your medications?
6. Is it difficult for you to take your medicine regularly and if so, what are the reasons?
7. Do you measure peak flows and if so, what is your personal best?
8. Do you have a current Asthma Action Plan?

2. If appropriate, determine peak flow zones based upon your patient's personal best (or use symptoms to define the zones).

1. Green zone:
2. Yellow zone:
3. Red zone:

3. Develop a personal Asthma Action Plan for your patient

Great patient education resources

Diskus
https://chcopatiented.blob.core.windows.net/documents/ASTHM_Diskus_Eng.pdf

https://youtu.be/mfiShjE9P-Q

Ellipta
https://chcopatiented.blob.core.windows.net/documents/ASTHM_ElliptaInhaler_Eng.pdf

Exercise and Asthma
https://chcopatiented.blob.core.windows.net/documents/ASTHM_ExerciseAndAsthma_Eng.pdf

Flexhaler
https://chcopatiented.blob.core.windows.net/documents/ASTHM_Flexhaler_Eng.pdf

Peak Flow Meter
https://chcopatiented.blob.core.windows.net/documents/ASTHM_HowToUseAPeakFlowMeter_Eng.pdf

https://youtu.be/055fSYXgNKU

MDI
https://chcopatiented.blob.core.windows.net/documents/ASTHM_MeteredDoseInhalerwithSpacerValveHoldingChamberandMouthpiece%20_Eng.pdf

https://youtu.be/0bU6fCN44FA?t=1

Neb
https://chcopatiented.blob.core.windows.net/documents/ASTHM_HomeAcornNebulizer_Eng.pdf

https://youtu.be/fz2WCNbBDBM

RediHaler
https://chcopatiented.blob.core.windows.net/documents/ASTHM_Redihaler_Eng.pdf

RespiClick
https://chcopatiented.blob.core.windows.net/documents/ASTHM_RespiClickInhaler_Eng.pdf

Respimat
https://chcopatiented.blob.core.windows.net/documents/ASTHM_RespimatInhaler_Eng.pdf

SMART
https://chcopatiented.blob.core.windows.net/documents/ASTHM_SingleMaintenanceandReliverTherapySMART_Eng.pdf

Twisthaler
https://chcopatiented.blob.core.windows.net/documents/ASTHM_Twisthaler_Eng.pdf

https://youtu.be/F3u_A0b_O6s