

Asthma Guidelines

Purpose: Foster care children admitted to residential facilities are a unique and vulnerable group, many presenting with undiagnosed or poorly managed asthma. The alarming rate of residents admitted to a particular residential primary care clinic with a diagnosis of asthma led to the project question: “Based on record reviews, does staff education about the importance of utilizing the national guidelines for asthma education influence the implementation of such guidelines in a residential pediatric clinic?” The purpose of this quality improvement project was to implement a systematic process to influence practice change. The project was conducted over a period of 4 weeks.

Design: The project was a single-group pretest-posttest design. The medical records were examined prior and post National Asthma Guidelines, Expert Panel Report-3 (EPR-3, 2007) education to determine whether guidelines had been implemented. A convenience sample consisted of male and female residents, 12-17 years of age, admitted to the clinic with a diagnosis of asthma or any resident having experienced any asthma symptoms. Twenty-nine children’s records (n=29) were studied.

Findings: The composite review of documented asthma guidelines was significantly higher post-intervention (M=3.96, SD=1.81) than pre-intervention (M=1.34, SD=1.54), $t(28)=7.99$, p

Asthma is a respiratory disease characterized by variable and recurring symptoms, airflow obstruction, bronchial hyper-responsiveness, and inflammation of the airways. In the U.S., an estimated 24.6 million people (8.2 percent) currently have asthma. Students with asthma miss more than 14 million school days every year due to illness. In 2005, there were approximately 679,000 emergency room visits in the U.S. due to asthma in children under 15 years of age.

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Currently, asthma is the third leading cause of hospitalization among children in this age group. Furthermore, certain U.S. population subgroups have higher prevalence rates of asthma in comparison with the national average: children (9.6 percent), poor children (13.5 percent), non-Hispanic African American children (17.0 percent), women (9.7 percent), and poor adults (10.6 percent). Following asthma guideline treatment recommendations improves clinical outcomes in a variety of pediatric populations, including high-risk populations, such as inner-city, poor, and/or African American populations. The available evidence suggests that most people with asthma can be symptom-free if they receive appropriate medical care, use inhaled corticosteroids when prescribed, and modify their environment to reduce or eliminate exposure to allergens and irritants. Despite the evidence of improved outcomes associated with adherence to guidelines, their long-term existence (more than 20 years) and widespread availability, health care providers do not routinely follow asthma guideline recommendations. In one study, only 34.2 percent of patients reported receiving a written asthma action plan, while only 68.1 percent had been taught the appropriate response to symptoms of an asthma attack. In the same study, only about one third of children or adults were using long-term asthma controller medicine such as inhaled corticosteroids. Health care providers do not appropriately assess asthma control in most children, resulting in substandard care. Minority children are up to half as likely as Caucasian children to receive inhaled steroids. The significance of these studies is that suboptimal outcomes persist, such as twofold higher rates of emergency room visits for African American children compared with their Caucasian counterparts. With the lack of adherence to guideline recommendations, attention has been focused on why best practices are not followed (i.e., adhered to) by health care providers. The objective of our systematic

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review was to assess whether interventions targeting health care providers improve adherence to asthma guideline recommendations for asthma care and if these interventions subsequently improve clinical outcomes for patients. We also sought to determine whether any observed changes in asthma care processes directly improve clinical outcomes. This report has provided an organized systematic review of provider-focused interventions to improve asthma care and outcomes. Therefore, this report should provide a context in which to organize different types of interventions, their relative impact on a variety of outcomes, and considerations for what and how future studies should be planned. Our specific Key Questions (KQs) are listed below.

KQ1: In the care of pediatric or adult patients with asthma, what is the evidence that interventions designed to improve health care provider adherence to guidelines impact health care process outcomes (e.g., receiving appropriate treatment)? KQ2: In the care of pediatric or adult patients with asthma, what is the evidence that interventions designed to improve health care provider adherence to guidelines impact clinical outcomes (e.g., hospitalizations, patient-reported outcomes such as symptom control)? KQ3: In the care of pediatric or adult patients with asthma, what is the evidence that interventions designed to improve health care provider adherence to guidelines impact health care process outcomes that then affect clinical outcomes?

'Fast Facts: Asthma' delivers a clear practical message – improved asthma control can be achieved through efficient commonsense delivery of asthma care, alongside strategies that improve patient self-management and medication use. This fully updated fourth edition examines the essentials of good asthma care, distilled from the latest international guidelines and best available evidence, including:

- Accurate asthma diagnosis
- Identification and

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control of factors that increase the risk of exacerbations • Effective delivery of inhaled medication • The recommended stepwise approach to asthma treatment • Questions to ask before diagnosing refractory asthma • Inflammation-guided therapy • Recognition and treatment of acute asthma attacks • Strategies to improve adherence to asthma treatment The easy-reference format of this concise, well-illustrated handbook is ideal for general practitioners, asthma nurses, medical students and asthma educators seeking a practical overview of good asthma care that will help with individualized management plans and patient education, and improve outcomes and quality of life for the very many people living with asthma. Contents: • Pathophysiology • Epidemiology and natural history • Diagnosis and classification • Management • Refractory asthma • Acute asthma attacks • Preventing asthma attacks • Exercise-induced asthma • Developments • Useful resources

This unique new text delivers practical guidelines on diagnosing and treating patients with asthma. Drs. Castro and Kraft are extensively involved in asthma research and improved patient care, and their comprehensive coverage of key challenges in diagnosing and treating asthma makes this a must have resource. The organized full-color format ensures readability, and helps you find information quickly and easily. Offers up-to-date protocols and management guidelines to help you provide the best care for your patients. Presents chapters on special situations and special populations to help you overcome clinical challenges such as the difficult-to-control or pregnant asthma patient. Provides specialized sections on asthma education to give guidance on leading your patients to better self management by improving their adherence to treatment guidelines. Highlights material found on the Asthma Educator Certification exam in special “education boxes. Offers expert guidance on translating the new

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NIH EPR-3 Asthma Guidelines to hands-on patient care. Organized in a consistent chapter format that provides concise, logical coverage of essential information for easy reference. Contains special boxes that highlight clinical pearls, controversial issues, and patient education information. Uses a full-color format that makes it easy to find information quickly.

The Second Edition of *Asthma and COPD: Basic Mechanisms and Clinical Management* continues to provide a unique and authoritative comparison of asthma and COPD. Written and edited by the world's leading experts, it continues to be a comprehensive review of the most recent understanding of the basic mechanisms of both conditions, specifically comparing their etiology, pathogenesis, and treatments. * Each chapter considers Asthma and COPD in side-by-side contrast and comparison – not in isolation - in the context of mechanism, triggers, assessments, therapies, and clinical management * Presents the latest and most comprehensive understandings of the mechanisms of inflammation in both Asthma and COPD * Most extensive reference to primary literature on both Asthma and COPD in one source. * Easy-to-read summaries of the latest advances alongside clear illustrations Highlights the major recommendations of the expert panel report.

The long-acting beta-2-agonists have become indispensable in modern asthma therapy. But do they have a fixed position in international guidelines? Here are the proceedings of the 6th Vienna Asthma Forum, when molecular biologists, drug designers, and clinicians discussed the role of three compounds (bambuterol, formoterol, and salmeterol) on a high scientific level. The authors give a fascinating new insight into the physiology of the Beta2- and glucocorticoid

receptor, into the considerations before and during drug development, stimulating a vivid discussion among clinical researchers who share a special interest in the most efficacious use of a new therapeutic principle. The original papers and the individual discussions are highly informative and delightful to read.

Asthma is a disease of many faces and is frequently seen in children. This Monograph covers all aspects of paediatric asthma, across all ages, from birth through to the start of adulthood. It considers diagnostic problems in relation to the many phenotypes of asthma, covers the treatment of both mild-to-moderate and severe asthma, and discusses asthma exacerbations as well as exercise-induced asthma. The issue also provides an update on the pathophysiology of asthma, the role of bacterial and viral infections, and the impact of environmental factors, allergy, genetics and epigenetics. Finally,

Personalized medicine is a rapidly emerging area in health care, and asthma management lends itself particularly well to this new development. This practical resource by Dr. Stanley J. Szefler helps you navigate the many asthma medication options available to your patients, as well as providing insights into those which may be introduced within the next several years. Features a wealth of information on available asthma medications, including new immunomodulators, new responses to treatment, and new treatment strategies at

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all levels of asthma care. Prepares you to meet your patients' needs regarding asthma exacerbation prevention and asthma prevention. Consolidates today's available information and guidance in this timely area into one convenient resource.

Latest information and guidelines for the diagnosis and management of asthma from the National Heart, Lung, and Blood Institute.

Asthma Management: Clinical Pathways, Guidelines, and Patient Education is a comprehensive disease management program designed to assist clinicians in diagnosing and effectively controlling asthma. It provides detailed guidelines on all aspects of managing asthma from the initial diagnosis in the clinical examination to the treatment strategy which may include drug therapy and lifestyle modification. This essential resource also includes easy-to-read patient education handouts, which teach and encourage patients to comply with interventions, while becoming active participants in managing their chronic condition.

OBJECTIVES: To synthesize the published literature on the effect of interventions designed to improve health care providers' adherence to asthma guidelines on: (1) health care process outcomes (Key Question 1); (2) clinical outcomes (Key Question 2); (3) health care processes that subsequently impact

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clinical outcomes (Key Question 3). DATA SOURCES: Reports of studies from MEDLINE(r), Embase(r), Cochrane Central Register of Controlled Trials (CENTRAL), Cumulative Index to Nursing and Allied Health Literature (CINAHL(r)), Educational Resources Information Center (ERICsm), PsycINFO(r), and Research and Development Resource Base in Continuing Medical Education (RDRB/CME), up to July 2012. REVIEW METHODS: Paired investigators independently reviewed each title, abstract, and full-text article to assess eligibility. Only comparative studies were eligible. Investigators abstracted data sequentially and independently graded the evidence. RESULTS: A total of 73 studies were eligible for review. A slight majority of studies were conducted in the U.S. (n=38). We classified studies as assessing eight types of interventions: decision support, organizational change, feedback and audit, clinical pharmacy support, education only, quality improvement (QI)/pay-for-performance, multicomponent, and information only. Half of the studies were randomized trials (n=34), 29 were pre-post, and the remaining 10 were a variety of nonrandomized study designs. The studies took place exclusively in primary care settings. The most frequently cited health care process outcome was prescription of asthma controller medication (n=41), followed by provision of an asthma action plan (n=18), prescription of a peak flow meter (n=17), and self-management education

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(n=12). Common clinical outcomes included emergency department (ED) visits (n=30) and hospitalizations (n=27), followed by use of short-acting O_2 agonists (n=9), missed school days (n=8), lung function tests (n=6), symptom days (n=6), quality of life (n=5), and urgent doctor visits (n=5). We identified 4 critical outcomes for which 68 studies provided information. There was moderate evidence for increased prescriptions of asthma controller medications using decision support, feedback and audit, and clinical pharmacy support interventions and low grade evidence for organizational change, multicomponent interventions. Moderate evidence supports the use of decision support and clinical pharmacy interventions to increase provision of patient self-education/asthma action plans; for the same outcome, low grade evidence supports the use of organizational change, feedback and audit, education only, quality improvement, and multicomponent interventions. Moderate grade evidence supports use of decision support tools to reduce ED visits/hospitalizations while low grade evidence suggests there is no benefit associated with organizational change, education only, and QI/pay-for-performance. Organizational change interventions provided no benefit for lost days of work/school. The evidence for the remainder of interventions was insufficient or low in strength. **CONCLUSIONS:** There is low to moderate evidence to support the use of decision support tools, feedback and

audit, and clinical pharmacy support to improve the adherence of health care providers to asthma guidelines, as measured through health care process outcomes, and to improve clinical outcomes. There is a need to further evaluate health care provider-targeted interventions with a focus on standardized measures of outcomes and more rigorous study designs.

This comprehensive book presents an evidence-based approach to treating asthma in adults aged 65 and older, a vulnerable subset of patients who are more likely to experience higher morbidity and mortality rates, and often enduring higher financial burdens related to treatment. *Treatment of Asthma in Older Adults: A Comprehensive, Evidence-Based Guide* is a unique resource, providing an up-to-date review of medication strategies, how asthma phenotypes and treatment decisions interact, and how controlling asthma triggers impacts long-term asthma outcomes in older patients. Additionally, the book incorporates recent advances in alternative therapies that improve the patient's quality of life. Opening discussions address the unique challenges of the differential diagnosis of asthma in older adults, as well as an examination of the significant medical comorbidities that co-exist with asthma. Subsequent chapters provide strategies to optimizing asthma management in this specific population, including information on case management that will assist allied health providers. Finally,

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the book closes with an analysis of several novel targets for therapy to treat severe asthma including biologics, macrolides and bronchial thermoplasty. Written by experts in the field, *Treatment of Asthma in Older Adults: A Comprehensive, Evidence-Based Guide* is an indispensable resource for allergists, pulmonologists, family physicians, physician assistants, nurse practitioners and all other allied clinicians.

Asthma is a condition in which your airways narrow and swell and may produce extra mucus. This can make breathing difficult and trigger coughing, a whistling sound (wheezing) when you breathe out, and shortness of breath. For some people, asthma is a minor nuisance. It is a common condition that affects more than 17 million Americans and of those about 7 million are children. Sadly, many parents are reluctant to accept a diagnosis of asthma, a dilemma that leads to unnecessary pain and suffering, delay in treatment, and even loss of life. Just go for these home remedies in this book for asthma and make your life free from all these physical problems. It is important to understand your body and how it works, especially if you are an asthma sufferer

The incidence of asthma is rising dramatically in the United States and across the globe. Asthma affects 17 million people in the U.S. and is the most common chronic childhood disease. If you or someone you love suffers from asthma, you

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know that there is no cure—however, with proper care, asthmatics can lead normal, active, and fulfilling lives. Now you can breathe easy with this plain-English guide, which clearly explains the prevention, diagnosis, symptoms, and treatment of the disease. *Asthma For Dummies* will help asthma sufferers and their loved ones get a strong handle on managing the disease. Dr. William Berger, one of the nation's foremost experts on allergies and asthma, gives you the tools you need to:

- Understand the relationship between allergies and asthma
- Identify your asthma triggers
- Prepare for your first doctor's visit
- Allergy-proof your home or office environment
- Avoid asthma complications
- Find outside support

Featuring up-to-date coverage of childhood asthma, this easy-to-understand guide covers all the vital issues surrounding asthma, including handling food allergies, exercising when asthmatic, asthma during pregnancy, and all the latest medications. You'll find tips on avoiding allergens that cause respiratory symptoms, testing for allergies, and dealing with HMOs. This fact-packed guide also features:

- A dedicated chapter to asthma in the elderly
- The latest information on Claritin and Clarinex, two common allergy medications taken by those with asthma
- The interrelationships between asthma and other respiratory complications of untreated allergy such as ear, sinus, tonsil, and adenoid disease
- Extensive information on controller drugs and rescue

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medications Future trends in asthma therapy Offering the latest on allergy shots and tips for traveling with asthma, Asthma for Dummies will relieve your anxiety about asthma, help you control your triggers, and manage the disease long-term. More than 22 million Americans have asthma, and it is one of the most common chronic diseases of childhood, affecting an estimated 6 million children. The burden of asthma affects the patients, their families, and society in terms of lost work and school, lessened quality of life, and avoidable emergency department (ED) visits, hospitalizations, and deaths. Improved scientific understanding of asthma has led to significant improvements in asthma care, and the National Asthma Education and Prevention Program (NAEPP) has been dedicated to translating these research findings into clinical practice through publication and dissemination of clinical practice guidelines. The first NAEPP guidelines were published in 1991, and updates were made in 1997, 2002, and now with the current report. Important gains have been made in reducing morbidity and mortality rates due to asthma; however, challenges remain.

From the 19-29 May 1991 the NATO ASI Course PAsthma Treatment: A P Multidisciplinary Approach was held in Erice, on the rocky North West Coast of Sicily, facing the ancient Phoenician shore of the African Continent. Sixty NATO sponsored participants arriving from many different European Countries - Nato

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members and non - attended the course. Qualified researchers from Europe and the United States held extensive lectures, short meetings and small informal group discussions. Erice is a magical place which draws together people from different backgrounds and cultures under her Mediterrean charm, recreating the ancient Greek openair discussion atmosphere. And so, during the 10 days gathering, the extensive willingness of the senior investigators and the laudable enthusiasm of the younger participants was stimulated. All of the most recent findings in the biology and the pharmacology of Asthma were discussed, initially behind closed doors, to be unhurriedly continued along the alley ways of the "Cittadella della Scienza" , in Erice's small restaurants, and on her deserted beaches. The texts collected here are testimony to the high quality of the investigators contributions as well as their far reaching interests. I think that a Director of such a Course would be adequately satisfied by merely considering the enthusiasm and high level involvement of every participant. He could not have been more satisfied after having considered the proceedings summerizing the scientific content of the meeting.

The Expert Panel Report -3 (EPR3) NAEPP 2007 evidence-based clinical asthma guidelines were developed to provide evidence-based high-quality patient care that leads to improved outcomes. A literature review showed that

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healthcare providers do not routinely follow the asthma guidelines. The purpose of this project was to develop and implement an evidence-based asthma electronic health record (EHR) template in a pediatric office to improve provider compliance to the guidelines resulting in improved outcomes for children with asthma. The study was conducted over a period of four months from January - April 2016. An EHR asthma protocol template and training for providers using a PACE program (physician asthma care education) on current guidelines was provided. A retrospective EHR audit measuring provider's compliance was performed. Pre/post aggregate data for documentation specific to asthma was collected and analyzed using the chi square method. The outcome objectives from this quality improvement study focused on provider compliance and asthma control. Results indicated the EHR template significantly improved provider documentation in compliance with 7 of the 8 areas measured.

This book focuses on a more holistic approach to healing asthma by delving into the root cause of the disease, full-body healing, and the protocols necessary for maintaining a healthy lifestyle without relying on the use of synthetic drugs. As a former sufferer of the disease, this book shares with you my own journey toward healing. This book discusses the necessary steps I took to overcome my physical ailment and what I do now to maintain healthy respiratory functions. In this book, you will learn about

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treatment for asthma and overcome a physical ailment.

Covers: definition and diagnosis; the 4 components of asthma management; objective measures of lung function (spirometry, etc.); pharmacologic therapy (the medications; management of chronic asthma - asthma in adults, and in children; management of exacerbations of asthma (home management, and hospital-based emergency department management); management of exercise-induced asthma); environmental measures to control allergens and irritants; and patient education. Also includes pregnancy and asthma, older patients, etc. Extensive references.

In partnership with the Army Medical Department, RAND worked to implement clinical practice guidelines. This report evaluates the asthma guideline demonstration. It documents the actions, assesses effects, and measures the quality and limitations of data for monitoring outcomes. The authors found that the implementation scored successes but resource limitations and organizational barriers curbed progress. They conclude that flexibility, monitoring, and training are the keys to implementing the guidelines. They also found that patient education needed improvement.

A fully updated edition of a widely respected classic on the diagnosis and management of asthma in a variety of patient subpopulations. Though this fifth edition continues to emphasize the definition, medications, and use of asthma treatment plans, it also focuses on the special needs patient, including the pediatric patient, the pregnant patient, and the patient undergoing surgery, as well as on the perennial issues of

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exercise and asthma, pulmonary aspergillosis, occupation, recreational drug use, and psychological/social considerations. Highlights for the fifth edition include a liberal use of tables and charts to make the book more practical and user-friendly, updates on the many new pharmaceuticals used to treat asthma, and first-time sections on food sensitivity and the diagnosis of asthma.

Asthma is a well-known and common disease. Because you are familiar with asthma, do not assume you know all about it. This book is meant to be a guidebook to asthma. It analyzes the various complexities of asthma from what constitutes a diagnosis of asthma to what can be done to control an essentially incurable disease. This comprehensive book is meant to guide you through the issues, presenting them in a logical and understandable manner. My intention is that you will enjoy reading this book, gain useful knowledge about this complex disease, and return often to this book to revisit various issues. You will easily get rid of asthma thanks to an understandable manner about asthma.

Severe Asthma European Respiratory Society

The National Institutes of Health Publication 08-5846 The Expert Panel Report 3 (EPR—3) Summary Report 2007: Guidelines for the Diagnosis and Management of Asthma was developed by an expert panel commissioned by the National Asthma Education and Prevention Program (NAEPP) Coordinating Committee (CC), coordinated by the National Heart, Lung, and Blood Institute (NHLBI) of the National

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Institutes of Health. Using the 1997 EPR—2 guidelines and the 2002 update on selected topics as the framework, the expert panel organized the literature review and updated recommendations for managing asthma long term and for managing exacerbations around four essential components of asthma care, namely: assessment and monitoring, patient education, control of factors contributing to asthma severity, and pharmacologic treatment. Subtopics were developed for each of these four broad categories. More than 22 million Americans have asthma, and it is one of the most common chronic diseases of childhood, affecting an estimated 6 million children. The burden of asthma affects the patients, their families, and society in terms of lost work and school, lessened quality of life, and avoidable emergency department (ED) visits, hospitalizations, and deaths. Improved scientific understanding of asthma has led to significant improvements in asthma care, and the National Asthma Education and Prevention Program (NAEPP) has been dedicated to translating these research findings into clinical practice through publication and dissemination of clinical practice guidelines. The first NAEPP guidelines were published in 1991, and updates were made in 1997, 2002, and now with the current report. Important gains have been made in reducing morbidity and mortality rates due to asthma; however, challenges remain. The NAEPP hopes that the “Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma—Full Report 2007” (EPR—3: Full Report 2007) will support the efforts of those who already incorporate best practices and will help enlist even greater

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numbers of primary care clinicians, asthma specialists, health care systems and providers, and communities to join together in making quality asthma care available to all people who have asthma. The goal, simply stated, is to help people with asthma control their asthma so that they can be active all day and sleep well at night.~

These guidelines are the product of a new Pediatric Asthma Initiative aimed at integrating environmental management of asthma into pediatric health care. This document outlines competencies in environmental health relevant to pediatric asthma that should be mastered by primary health care providers, and outlines the environmental interventions that should be communicated to patients. These environmental management guidelines were developed for pediatricians, family physicians, internists, pediatric nurse practitioners, pediatric nurses, and physician assistants. In addition, these guidelines should be integrated into respiratory therapists' and licensed case/care (LICSW) management professionals' education and training.

The guidelines contain three components: (1) Competencies: An outline of the knowledge and skills that health care providers and health professional students should master and demonstrate in order to incorporate management of environmental asthma triggers into pediatric practice; (2) Environmental History Form: A quick, easy, user-friendly document that can be utilized as an intake tool by the health care provider to help determine pediatric patients' environmental asthma triggers; and (3) Environmental Intervention Guidelines: Follow-up questions and intervention solutions to

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environmental asthma triggers. Although environmental factors may play a role in the prevalence of asthma in the population, these guidelines are not directed at the primary prevention of pediatric asthma on a general scale. They are aimed instead at educating health care professionals on how to advise families about environmental interventions that can reduce or eliminate triggers for children who are already diagnosed with asthma. These guidelines are intended to be used with children (0-18 years) already diagnosed with asthma. Referral to a specialist is advised if the diagnosis of asthma is in doubt. Sources of guidelines for making the diagnosis of asthma include the NAEPP (National Asthma Education and Prevention Program) Guidelines and resources from Kaiser Permanente, the American Academy of Allergy Asthma & Immunology, and the American Academy of Pediatrics. Sources of Additional Information are appended. The National Asthma Education and Prevention Program (NAEPP) was established in 1991, with the goal to address the growing and significant national health problem of asthma. The NAEPP was last updated in 2007. CHOC Children's (CHOC) in Orange County, California integrated an Asthma Registry into the electronic medical record (EMR) in 2015 to improve provider adherence to the NAEPP guidelines. Method: A serial cross-sectional design was used to compare change in provider management of asthma patients before an Asthma Registry with NAEPP guidelines was integrated into the EMR to after integration into the EMR. Four variables (Asthma Control Test [ACT], Asthma Action Plan [AAP], inhaled corticosteroids [ICS] and spacers) were evaluated

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pre-integration (2014) and compared to post-integration (2018) of the Asthma Registry. Using 2018 data, the outcomes of hospital admission, emergency department (ED) and outpatient visits with the diagnosis of asthma exacerbation were compared between the Children's Medical Group (CMG) and the non-CMG of CHOC Health Alliance. Results: In 2018, patients were more likely to receive an ACT, (OR = 14.95, 95% CI 12.67, 17.65, p

Asthma is a potentially fatal chronic disease responsible for over 1.8 million emergency room visits annually, and over five thousand deaths per year. The most rapid increase in asthma cases occurred in children under five years of age, with rates of disease increasing over 160 percent between 1980 and 1994. This quantitative, descriptive study utilized a retrospective medical chart review to determine if primary care providers adhered to aspects of the 2002 National Education Prevention Program Expert Panel Report: Guidelines for the Diagnosis and Management of Asthma. Data from 245 medical charts of nineteen primary care providers was collected and analyzed using simple and descriptive statistics. The results of this study showed that 97% of patients were not assigned an asthma severity/classification. There was no appreciable difference in the practice patterns between types of providers.

Severe asthma is a form of asthma that responds poorly to currently available medication, and its patients represent those with greatest unmet needs. In the last 10 years, substantial progress has been made in terms of understanding some of the

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mechanisms that drive severe asthma; there have also been concomitant advances in the recognition of specific molecular phenotypes. This ERS Monograph covers all aspects of severe asthma – epidemiology, diagnosis, mechanisms, treatment and management – but has a particular focus on recent understanding of mechanistic heterogeneity based on an analytic approach using various ‘omics platforms applied to clinically well-defined asthma cohorts. How these advances have led to improved management targets is also emphasised. This book brings together the clinical and scientific expertise of those from around the world who are collaborating to solve the problem of severe asthma.

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