

# **Emergency Department (ED) Asthma Discharge**

## **Emergency Department Personnel will:**

1. Review discharge medications with the patient and provide patient education on correct use of an inhaler.
2. Give the patient an ED A.S.T.H.M.A Discharge Plan with instruction for medications prescribed at discharge and for increasing medications or seeking medical care if asthma should worsen.
3. Consider issuing a peak flow meter (PEF) and giving appropriate education on how to measure and record PEF to patients who have difficulty perceiving airflow.
4. Notify the patient's health care professional (or provide a referral to one if the patient does not name a source of asthma care) of the ED visit. If appropriate, consider referral to an asthma self-management education program.
5. Provide the patient with an *Asthma Action Plan* to take to their health care provider.
6. Encourage the patient to call his/her health care provider for asthma-related problems during the first 3–5 days after ED or hospital discharge.
7. Instruct the patient to seek a follow-up medical appointment within 1–4 weeks

## **Background:**

The National Asthma Education and Prevention Program recommends that clinicians, before discharging patients from the ED, provide them with:

- Necessary medications and education on how to use them;
- A referral for a follow-up appointment; and
- Instructions in an ED asthma discharge plan for recognizing and managing relapse of the exacerbation or recurrence of airflow obstruction.

A visit to the ED is often an indication of inadequate long-term management of asthma or inadequate plans for handling exacerbations. Asthma self-management education is essential to provide patients with the skills necessary to control asthma and improve outcomes. Asthma self-management education should be integrated into all aspects of asthma care, and requires repetition and reinforcement. Education should occur at all points of care where health professionals interact with patients who have asthma, including clinics, medical offices, EDs and hospitals, pharmacies, homes, and community sites (e.g., schools, community centers).

Observational studies and limited clinical trials support consideration of focused, targeted patient education in the ED setting (e.g., teaching inhaler technique and providing an ED asthma discharge plan with instructions for discharge medications and for increasing medication or seeking medical care if asthma should worsen).

