Attachment A

ASTHMA CHRONIC CARE MANAGEMENT PLAN

ASTHMA OVERVIEW

Asthma, whatever the severity, is a chronic inflammatory disorder of the airways. This fact has implications for the diagnosis, management, and potential prevention of the disease.

Airway Inflammation:

- Mast cell activation
- Inflammatory cell infiltration
  - Neutrophils (especially in sudden-onset, fatal asthma exacerbations)
  - Eosinophils
  - Lymphocytes
- Airway inflammation contributes to airway hyperresponsiveness, airflow limitation, respiratory symptoms, and disease chronicity.
- Airway inflammation contributes to several forms of airflow limitation, including acute bronchoconstriction, airway edema, mucus plug formation, and airway wall remodeling. These features lead to bronchial obstruction.
- Atopy, the genetic predisposition for the development of an IgE-mediated response to common aeroallergens, is the strongest identifiable predisposing factor for developing asthma.

Airway Hyperresponsiveness:

An important feature of asthma is an exaggerated bronchoconstrictor response to a wide variety of stimuli. The propensity for airways to narrow too easily and too much is a major, but not necessarily unique, feature of asthma. Airway hyperresponsiveness leads to clinical symptoms of wheezing and dyspnea after exposure to allergens, environmental irritants, viral infections, cold air, or exercise. Research indicates that airway hyperresponsiveness is important in the pathogenesis of asthma and that the level of airway responsiveness usually correlates with the clinical severity of asthma.

Goals of asthma therapy are to:

- Prevent chronic and troublesome symptoms
- Maintain (near) “normal” pulmonary function
- Maintain normal activity levels (including exercise and other physical activity)
- Prevent recurrent exacerbations of asthma and minimize the need for emergency department visits or hospitalizations
- Provide optimal pharmacotherapy with minimal or no adverse effects
- Meet patients’ and families’ expectations of and satisfaction with asthma care

Several types of monitoring are recommended:

- Signs and symptoms
- Pulmonary function testing
- Quality of life/functional status
- History of asthma exacerbations
- Pharmacotherapy
- Patient-provider communication
- Patient satisfaction

Daily peak flow monitoring is recommended for patients with moderate-to-severe persistent asthma. In addition, any patient who develops severe exacerbations may benefit from peak flow monitoring.

Reference:

http://www.nhlbi.nih.gov/guidelines/asthma/asthgdln.pdf

Applicant/Student Name: _____

ASTHMA CHRONIC CARE MANAGEMENT PLAN

OUTREACH AND ADMISSIONS PERIOD

Please provide us with the following information.

1. Classification of Asthma
   ___ Mild intermittent—symptoms twice a week or less, brief exacerbations
   ___ Mild persistent—symptoms more then twice a week, but less than daily
   ___ Moderate persistent—daily symptoms
   ___ Severe persistent—continual symptoms

2. Date of diagnosis: _____

3. Age of onset: _____

4. List current medications and/or treatment including dosage and frequency prescribed.
   _____
   _____
   _____
   _____

5. Has applicant been compliant with medications and treatment? If no, please explain.
   _____
   _____

6. List past hospitalizations including dates, reason for admission, and discharge summaries.
   _____
   _____
   _____

7. What is current status and prognosis?
   _____

8. When was last appointment? _____

9. Will the applicant need to continue follow-up under your care? If yes, please list the date and/or frequency of follow-up appointments.
   _____
   _____

10. In your opinion, will the applicant be able to self-manage medications unsupervised and participate in a vocational training program? If no, please explain.
    _____
    _____

11. In your opinion, will the applicant be appropriate to reside in a dormitory-style residence with minimal supervision? If no, please explain.
    _____
    _____

Applicant/Student Name: _____

12. Are there any restrictions or limitations related to this specific illness?

    _____

    _____

13. Does the applicant experience exercise-induced symptoms?

    _____

14. List any asthma precipitants for this applicant.

    _____

15. List any allergies for this applicant.

    _____

16. What is the applicant's smoking history?

    _____

17. Is there any prior use of peak flow meter?

    _____

18. Does the applicant have documentation of health insurance?

    _____

Please sign below and return the form in the attached addressed envelope.

_____ _____

Print Name and Title **Signature**

_____ _____

Phone **Date**

For any questions, please call _____

Admission Counselor/Health and Wellness Staff

_____

Phone

Name: _____

Student ID#: _____ **DOB:** _____

ASTHMA CHRONIC CARE MANAGEMENT PLAN

CAREER PREPARATION PERIOD, CAREER DEVELOPMENT PERIOD, CAREER TRANSITION PERIOD

Goals:
1. Enhance employability by optimizing control of asthma symptoms.
2. Educate the student regarding recognition of symptoms and self-management.
3. Reduce exposure to precipitants or triggers.
4. Optimize pharmacotherapy utilizing national guidelines.
5. Implement step therapy with regularly scheduled follow-up visits.

CAREER PREPARATION PERIOD		
YES	**NO**	
		Establish an Asthma Action Plan for student
		Offer the student a Medical Identification bracelet/necklace/anklet
		Visit Schedule: At least monthly for persistent asthma—assess symptoms via standardized questionnaire At least every 3 months for intermittent asthma
		Availability of a personal albuterol MDI at all times on and off center
		Clinical assessment of appropriate technique for use of MDI
		Use of peak flow measurements for students with persistent asthma
		Optional use of peak flow measurements for students with intermittent asthma
		Assess vocational training match
		Mandatory TUPP/smoking cessation enrollment
		Reduce or eliminate exposure to other precipitants
		Optimize pharmacotherapy according to national guidelines
		Daily controller medication for students with persistent asthma
		Availability of nebulizer in health and wellness center
		Availability of pulse oximetry in health and wellness center
		Annual influenza vaccination in October or November
		Emergency response plan
		Educate student about potential asthma complications • Chronic lung disease • Respiratory failure • Pneumothorax (collapsed lung) • Death
		Educate student about lifestyle choices • Limit occupational exposure to respiratory irritants • Avoid smoking, secondhand smoke, and illicit drug use • Weight management • Encourage whole fruits, vegetables, low fat milk, increased fiber • Avoid soda and fruit juices • Encourage aerobic physical activity (exercise 30 minutes per day, 5 days per week) • Avoid sedentary lifestyle (limit TV) • Limit alcohol use
		Educate student on disease management as it relates to employment

Name: _____

Student ID#: _____ **DOB:** _____

CAREER DEVELOPMENT PERIOD		
YES	**NO**	
		Monitor adherence issues • Medication regimen • Medication refills • Routine medical care • Urgent medical care • Environmental control • Self-monitoring • Physiotherapy • Rest • Exercise • Nutrition • Tobacco, alcohol, drug use
CAREER TRANSITION PERIOD		
		Conduct a Wellness Center exit interview approximately 2 weeks before program completion.
		Identify potential sources of primary health care, and specialty care if needed, in the work community.
		Obtain signed HIPAA authorizations for the transfer of student health records to identified health care providers.
		Assist the student in enrolling or maintaining enrollment in a public or private health insurance program.
		Provide the student with a copy of the SF-93, SF-88, immunization records, and chronic care management plan, including flowsheets.
		Provide the student with an adequate amount of medication(s) and supplies at departure.

See Treatment Guideline for Asthma to determine asthma severity level.
See Asthma Management Flowsheet for tracking patient visits.

Comment [r1]: Please tell where to find this or delete it. Don't see it in this attachment.

ASTHMA CHRONIC CARE MANAGEMENT PLAN FLOWSHEET

Student Name:								
Sex: M or F	**Date of Birth:**			**Date of Entry:**				
Severity Rating at Entry: □ **Mild Intermittent** □ **Mild Persistent** □ **Moderate Persistent** □ **Severe Persistent**								
Co-Morbid Conditions:								
Date								
Anti-inflammatories	Daily doses prescribed for corticosteroids, leukotriene blockers, cromolyn, or nedocromil.							
Symptom Control	Symptoms = coughing, wheezing, chest tightness, shortness of breath Score: 0 = no symptoms + = mild symptoms ++ = moderate +++ = severe							
Daytime/Nighttime								
Exercise								
Flare-ups since last visit								
Triggers	E = environmental controls discussed A = allergy testing done S = sinusitis and rhinitis addressed R = reflux disease addressed							
Help	S= referral to Asthma Specialist E = visit with Asthma Educator							
Monitoring	OV = Outpatient (routine) Visit AC = Acute Care Visit Routine visits should be every 1 to 3 months based on severity							
Type of visit								
FEV1 % predicted								
Peak flow reviewed (√)								
Action Plan	1. A written Action Plan can improve physician-patient communication. 2. An Action Plan can increase anti-inflammatory therapy early in a flare-up.							
Action Plan reviewed with student (√)								
Meds for Action Plan updated								