County of Los Angeles   **Department of Health Services**

OLIVE VIEW-UCLA MEDICAL CENTER
MEDICAL ADMINISTRATION
POLICY & PROCEDURE

<div align="right">

NUMBER: 2007
VERSION: 5

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SUBJECT/TITLE:	**STRUCTURED OUTPATIENT MANAGEMENT OF ASTHMA IN ADULTS**

POLICY:

1. Function: To describe a standardized, structured approach for outpatient management of Asthma in adults.

2. A nursing care manager working under this standardized procedure must be a Registered Nurse (RN).

3. Circumstances under which RN care managers can perform function:

    a. Setting: Clinical Resource Management (DMP) Asthma Clinic within ValleyCare Network.
    b. Supervision: Each RN care manager has a nursing supervisor and physician consultant.
    c. Patient Conditions: All active patients in Asthma Disease Management Program (DMP). To ensure appropriate selection, all potential candidates are screened prior to enrollment in the Asthma DMP.

PURPOSE: This Standardized Procedure describes the outpatient management of asthma by a DMP RN care manager. The protocol for asthma management that is referenced in this Standardized Procedure is contained in the DMP decision support tool (Attachment A). The decision support tool is based on the guidelines from the National Heart Lung and Blood Institute, and adapted for clinical use by the Asthma Content Team decision support tool (Attachment A).

DEPARTMENTS: **ValleyCare DMP Outpatient clinics**

DEFINITIONS: <u>Standardized Procedure</u>: The means designated to authorize performance of a medical function by a RN care manager.

PROCEDURE: **I. Protocol**

1. Asthma is a common chronic disorder of the airways that is complex and characterized by variable and recurring episodic symptoms, airflow obstruction, bronchial constriction, and an underlying inflammation in which many cell types play a role, in particular mast cells, esosinophils, and T

lymphocytes. Furthermore, there is a degree of airflow obstruction reversibility either spontaneously or with treatment.

2. **Asthma Screening**: Patients are referred to the Asthma Disease Management Program and screened for eligibility in the program. Patients are risk stratified by history using a questionnaire, with the resulting score documented on the Disease Management Registry.

3. **Asthma Therapy – Overview**: Patients will have an initial asthma educational session and a complete history and physical by a licensed provider. At follow up encounters, the RN care manager will use a template on the Decision Support tool to ask asthma-related questions. The Decision Support tool will integrate the clinical information and generate an assessment and plan. The RN care manager will then inform the patient, and if medication changes are needed, will obtain a prescription from the physician. Alternatively, the RN care manager may inform the Nurse Practitioner (NP) of the clinical encounter and, after the NP performs an independent evaluation, the NP may execute the plan detailed by the Decision Support tool.

   If the patient's clinical presentation does not conform to a clear decision based on the asthma decision support tool, the RN care manager is prompted to consult with the physician. Additionally, if information arises during the interview that is not part of the routine asthma assessment, the RN care manager should consult with the physician, or may inform the NP who will perform an independent evaluation.

2. **Asthma Therapy – Asthma Assessment and Monitoring**
   Periodic assessment and monitoring of asthma control and severity is done using the Asthma Decision Support Tool using the following time frames and asthma classifications:

   a.   Persistent Severe – follow up in 2 weeks
   b.   Persistent Moderate – follow-up in 2-4 weeks
   c.   Persistent Mild – follow-up in 4-6 weeks
   d.   Intermittent- follow-up in 6-8 weeks

3. **Asthma Therapy – Control of Factors that Affect Asthma**
   a.   Co-morbid conditions - The licensed provider assesses whether a patient has a co-morbid condition that may either increase the severity or complexity of the disease and will treat or refer as per asthma protocol recommendations. Examples of such co-morbid conditions are gastroesophageal reflux, obesity, sinusitis, rhinitis,

and obstructive sleep apnea. Co-morbidity screening questions are part of the decision support tool and will be assessed on initial intake into "Active" Asthma DMP status in every patient in the Asthma Disease Management Program.

b. Environmental factors - RN care managers will note environmental triggers and address them using the asthma decision Support tool guideline. The Asthma Content Team has developed a Trigger Worksheet to provide a template for the RN care manager to use when reviewing triggers.

4. **Asthma Medication Therapy**
RN care managers will adjust the following medications as described in the asthma decision support tool, taking into consideration the listed precautions and contraindication. Patients are advised about side effects of each medication taken.
   a. short-acting beta agonist
   b. inhaled corticosteroids
   c. long-acting beta agonist
   d. leukotriene antagonist

5. **Asthma Complications**
Patients will be screened regarding their knowledge of potential complications of asthma and educated to facilitate prevention or amelioration of complications.

6. **Asthma conditions requiring immediate consultation with supervising physician**

RN care managers should seek immediate consultation with their supervising physician for clinical circumstances that fall outside the protocol, or for those which they are uncomfortable or unfamiliar, or for any of the following situations:

   a) acute shortness of breath that is not responsive to rescue medications
   b) severe hypertension (blood pressure > 190/110)
   c) hypotension (symptomatic low blood pressure)
   d) tachycardia
   e) symptomatic bradycardia

7. **Record Keeping**
RN care managers will maintain records of patient encounters in the patient

medical record using facility-approved paper-based and electronic methods.

II. Requirements for Certification for Performance of the Standardized Procedure

1. **Education**: Licensed with a current California RN license.
2. **Training**: Each RN care manager performing this Standardized Procedure must be oriented to the Standardized Procedure and related protocols and tools.
3. **Prior experience**: Six (6) months clinical experience.
4. **Competency assessment**:

Initial Evaluation:
For the first 3 months, the RN Care Manager will consult with the MD regarding all medication adjustments. At 12 months, competency will be assessed by the physician based on clinical performance.

Ongoing Evaluation:
Following the initial 12 month competency assessment, review of the RN Care Manager will be performed on an annual basis by the physician.

The Disease Management nurse supervisor (or designee) will notify staff when there are changes to the Standardized Procedure or accompanying protocols.

III. Certified Personnel Authorized to Perform Function
Please refer to Attachment (X) for list of personnel and dates of certification.

IV. References

1. National Asthma Education and Prevention Program: Expert panel report III: Guidelines for the diagnosis and management of asthma. Bethesda, MD: National Heart, Lung, and Blood Institute, 2007. (NIH publication no. 08-4051). Full text available online: www.nhlbi.nih.gov/guidelines/asthma/asthgdln.htm (Accessed on July 06, 2010).

2. Global Initiative for Asthma Management and Prevention. NHLBI/WHO Workshop Report, US Department of Health and Human Services. National Institutes of Health, Bethesda, 1995; Pub #95-3659.

ATTACHMENT (X)
Personnel Certified in Standardized Procedure

Name of Employee	Title	Date of Certification	Re-Certification Dates

References:	
Approved by: Shannon Thyne (Chief Medical Officer)	Date: 12/19/2016
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