



Ready, Steady, Breathe: Diagnosis and Management of Childhood Asthma in an Irish General Practice

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Background



Disclaimer: Diagnosing childhood asthma is challenging!



Methods:

- Retrospective chart reviews,
 $N=125$
- List 1: Coded diagnosis of asthma
 <6 years
- List 2: Prescribed Salbutamol and/or
Beclometasone <6 years
- $n=76$

Quality Improvement in Practice

- Practice meeting
- Asthma clinic set up
- Flow chart
- Database created to monitor patients on Rx trial +/- addition to Asthma Cycle of Care (ACOC)

Symptomatology:
Recurrent cough,
nocturnal cough,
wheeze
FH: 68%
Atopy: Eczema 23%

Inhaler Technique (IT), Asthma Action Plan (AAP): 88% not documented

PO steroids: 9% required 3 or more in the past year

Post asthma clinic reviews, n=48

- 58% Dx, coded
 - 23% Dx, not coded
 - 19% No Dx

IT 83%
AAP 90%
documented

QI Initiative Outcome:
Exacerbations pre-clinic 46%
Exacerbations post-clinic 25%

Take home message



Initial
parental
concerns:

Learning
as we go

Didn't know
what we
were doing

Googling
signs of
asthma
attack

Multiple
antibiotics

Parental
feedback post
intervention:

Thank
you!

Enjoys
football now

Understands
how to use
inhalers now

First time cough
has lifted w/o
antibiotics or oral
steroids

- Powerful learning in partnership between parents, children and ourselves
- Having a structured approach, e.g. flow chart, made available to staff
- Outcome: better quality of life for our patients, parental satisfaction and fewer GP, OOH and hospital visits



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