NR565 ASTHMA PROTOCOL: INITIAL VISIT

Name: [redacted]

General Instructions:

Carefully read the assignment guidelines and rubric and complete each section of the asthma protocol below.

1) RATIONALE

a) This protocol will assist in the differentiation between treatment needs for clients with asthma based on age and symptom frequency and severity, including the process for identification of clients in need of referral to pulmonology to improve asthma control. The design of the protocol for asthma encompasses these principles.

2) SYMPTOMS

a) ASTHMA

i) History of respiratory symptoms that vary over time with varying intensity, including:
   (1) Wheezing
   (2) Shortness of breath
   (3) Chest tightness
   (4) Cough

ii) Triggers for exacerbation can include:
   (1) Exercise
   (2) Allergens
   (3) Season changes
   (4) Laughter
   (5) Respiratory illness

iii) Presence of asthma phenotypes

iv) Client responses on the Asthma Control Test (ACT) or the Asthma Control Questionnaire (ACQ)

v) Reduced lung function and responsiveness with medications

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(1) Reduced expiratory airflow (forced expiratory volume in one second, a.k.a. FEV_1)
(2) Variable peak expiratory flow (PEF)

3) PHYSICAL EXAM

a) Perform the following examinations:
   i) Vital Signs (blood pressure, pulse, oxygenation, respiratory rate)
   ii) Auscultation for wheezing
   iii) Identify increased work of breathing
   iv) Identify retractions
   v) Cardiac assessment
   vi) Lower extremities for edema and pulses
   vii) Neurological
b) Consult supervising physician if findings of:
   i) Respiratory distress

4) LAB TESTS

a) Depending on severity, can include:
   i) Arterial or venous blood gas
      (1) ph
      (2) O_2
      (3) CO_2
      (4) Bicarbonate
      (5) Base excess
   ii) CBC
      (1) Hemoglobin and hematocrit
      (2) WBC and eosinophils
   iii) Total or specific IgE levels
   iv) Consult supervising physician if:
      (1) Abnormal blood gas results or severe anemia

5) PULMONARY FUNCTION TESTS

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