

Nurse-initiated steroids improve pediatric asthma care

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Nurse initiation of oral corticosteroids before physician assessment of pediatric patients with asthma improves quality and efficiency of care provided in the pediatric emergency department, according to a study published online March 19 in *Pediatrics*.

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Roger Zemek, M.D., from the University of Ottawa in Canada, and colleagues evaluated nurse initiation of treatment with [oral steroids](#) in children with Pediatric Respiratory Assessment Measure score ≥ 4 . One-to-one periods (physician-initiated and nurse-initiated) were analyzed. In both phases, triage nurses initiated bronchodilator therapy before

physician assessment, per Pediatric Respiratory Assessment Measure score. The researchers reviewed charts of 644 consecutive children (aged 2 to 17 years) for outcomes, including admission rate; time to clinical improvement, steroid receipt, mild status, and discharge; and rate of return emergency department visit and subsequent admission.

The researchers found that children treated in the nurse-initiated phase improved significantly earlier compared with those treated in the physician-initiated phase (median difference, 24 minutes). Admission was significantly less likely if children received steroids at triage (odds ratio, 0.56). Significant efficiency gains were made in time to steroid receipt (median difference, 44 minutes), time to mild status (51 minutes), and time to discharge (44 minutes). No differences were observed in return visit rate or subsequent admission.

"Triage nurse initiation of oral corticosteroid before physician assessment was associated with reduced times to clinical improvement and discharge, and reduced admission rates in children presenting with moderate to severe acute [asthma](#) exacerbations," the authors write.

One author disclosed financial ties to the pharmaceutical industry.

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