

80 percent of asthma-related hospitalizations are avoidable

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Children with asthma use inhalers to relieve some of their symptoms, which include coughing, wheezing, chest tightness and shortness of breath. Credit: Tradimus / Wikimedia commons / [CC BY-SA 3.0](#)

One in ten school-aged children in Australia have a current diagnosis of asthma. Every year, there are around 40,000 asthma hospitalisations and over 40 per cent of these are in children aged younger than 14 years old.

Approximately 80 per cent of these [asthma](#)-related hospital presentations

are potentially avoidable through a standardized comprehensive care pathway for [children](#) with asthma.

These [preventative measures](#) include the use of evidence-based [clinical guidelines](#), ensuring that there is an asthma action plan in place; regular follow-up with GP; provision of asthma education to parents/carers; and establishing community-based approach for continuity of care.

"During our research, we surveyed 236 nurses and 266 doctors across 37 hospitals in all 15 local health districts (LHDs) across New South Wales (NSW) to identify the existing care pathway following discharge from hospital for children with asthma," said Dr. Nusrat Homaira, the senior author of the study and a respiratory epidemiologist at UNSW Sydney.

This study by researchers at UNSW Sydney identified major variations in the existing asthma care pathway, including:

Use of asthma clinical guidelines and Asthma Action Plan: Although clinical guidelines and Asthma Action Plans (AAPs) were used across all hospitals, on average, there were four to six different types of documents used in each (LHD), between hospitals in the same LHD and within departments in the same hospital. Such variations can be confusing for doctors, nurses and parents/carers and is reflected in one of the remarks made by a survey participant: "Conflicting advice given to asthma patients between general practitioners, emergency departments and sometimes pediatricians; patients are then confused about what to do in exacerbation of symptoms."

Follow-up with GP

In most LHDs (75 per cent) parents/carers were advised to have their child followed up with their GP within two to three days post-discharge from hospital, but in some rural and regional areas, follow-up

appointments could be recommended for over six days post-hospitalization. Reportedly, parents/carers were responsible for organizing follow-up with their GP and there was no system to ensure they attended the follow-up visits.

Asthma education for parents/carers of children with asthma

Formal asthma education (27 per cent respondents) were seldom provided to parents/carers during hospital stays; limited to asthma device techniques and rarely involved key topics such as basic knowledge of asthma, asthma control and the importance of regular medical review.

Communication with schools/childcare services

When children with asthma were discharged from hospitals, only four per cent of the surveyed staff reported that schools or childcare services were notified of the child's recent hospital presentation.

Integration with community services

The majority of participants (55 per cent) were not aware of any [community services](#) for children with asthma (for example, post-discharge asthma assessment, home visits, asthma education in the community etc.) in their local areas.

In this comprehensive state-wide survey, we have identified marked variations in asthma care and management for children within different health districts, different hospitals in the same district and different departments within the same hospital in NSW.

This paper is important in that it presents us with opportunities to

improve the health outcomes in children with asthma and reduce unnecessary burden on health system due to preventable asthma [hospital](#) presentations.

More information: Mei Chan et al, Assessment of Variation in Care Following Hospital Discharge for Children with Acute Asthma, *Journal of Asthma and Allergy* (2021). [DOI: 10.2147/JAA.S311721](https://doi.org/10.2147/JAA.S311721)

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