

1.26 Acute asthma- optimizing care for patients discharged directly from the Emergency Department

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Background: Asthma is too often managed as a disease of acute exacerbations with little attention to management between exacerbations when patients remain symptomatic and at risk of re-exacerbation ¹. We aimed to provide single maintenance and reliever therapy (MART) to appropriate patients discharged from the Emergency Department (ED) following an asthma exacerbation and ensure appropriate follow-up ². **Methods:** Clinicians discharging non-admitted patients directly from the ED refer electronically to the respiratory nursing team, who will review the patient in the ED or conduct a telephone consultation on the next working day. The asthma care bundle and the electronic patient record (EPR) were updated to include a prescription for MART. An approved procedure to dispense Symbicort® from the ED to patients discharged out of hours was introduced. We compared outcomes from January – June 2022 and January-June 2024. **Results:** Sixty-seven percent of patients treated for acute asthma were discharged directly from the ED. The acute asthma care bundle usage increased by 35.5%. Specialist respiratory follow-up increased by 41%. Twenty-five symbicort inhalers were dispensed from the ED. **Conclusions:** This quality improvement initiative has allowed earlier optimisation of inhaled asthma therapies for patients discharged from the ED following acute exacerbation of asthma.

References:

1. GINA (2024) Global strategy for Asthma Management and Prevention <https://ginasthma.org/2024-report/> 2. HSE (2021) An End to End Model of Care for Asthma (Adult Asthma) <https://www.hse.ie/eng/about/who/cspd/ncps/ncpr/asthma/moc/>

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