EBP Asthma Intervention

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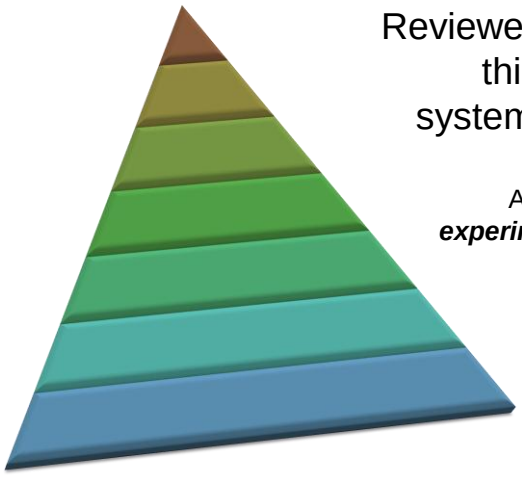
Problem

In children with persistent asthma **(P)** what is the effect of a combination inhaled long acting beta agonist and inhaled corticosteroid **(I)** in comparison to inhaled corticosteroids alone **(C)** on asthma control measured by morning peak expiratory flow [PEF] volumes **(O)** over a 12 week period **(T)**?

Summary

All reviewed studies *support* combination inhaled long acting beta agonist and inhaled corticosteroid **(I)** over inhaled corticosteroids alone **(C)**

Degree of Strength



Reviewed evidence ranks this a **Level I** study; systemic review of RCT

All studies contained ***one experimental*** and ***one control*** group

Recommendation

Based on reviewed evidence, this study is suggesting a change from inhaled corticosteroids alone **(C)** to a combination inhaled long acting beta agonist and inhaled corticosteroid **(I)** for asthma disease management

Evaluate Work Environment

- Saint Louis Children's Hospital
  - Pediatric Level One Trauma Center
    - Emergency Department
      - Over 58,000 visits annually
      - 130-140 visits daily
    - Asthma Action Plan
    - A.C.E. Classes
      - Asthma Control Education

Strategy for Change

EBP Model

- Larrabee Model

Change Model

- Kotter & Cohen's 8 Step Model for Change

Evaluate Impact

- Outcome measures
- Quality Care Improvement
- Patient-centered quality care
- Efficiency of processes
- Environmental changes
- Professional expertise

Evaluate Intervention

Obtain evidence of change in practice from corticosteroid treatment alone to combined steroid with long acting bronchodilator

Evaluate evidence and compare morning peak expiratory flows prior and post change in intervention

References

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