# Briana's Breathing

#### **OVERVIEW:**

Briana, a fourteen-year-old African American female, was recently diagnosed with asthma and was prescribed an inhaler 3 months ago. Since then her symptoms have gotten worse. She has had four severe attacks in the past month, one of which sent her to the hospital. She needs a clear and effective action plan that she and her parents understand in order to improve her health outcomes.

#### GOAL:

Identify a comprehensive treatment plan (action plan) and communicate it to the patient using the teach-back method.

#### **ROLE:**

You are a group of health professionals working in a clinic that specializes in asthma treatment for adolescents.

#### **OBJECTIVE:**

Obj. 8.9: Create a clear and effective treatment plan and communicate this action plan and relevant health information using the teach-back method.

#### **DELIVERABLES:**

- 1) Asthma Action Plan
- 2) Teach-back method skit

#### ASSESSMENT:

The action plan and skit will both be graded on a rubric.



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## Case Introduction:

Briana is a 14-year-old African American teenager living with one younger sister (age 10) and two parents in an urban area with high poverty and unemployment rates. Her father is a steelworker and her mother is a secretary at the local elementary school. Briana was playing with friends in a park near her home three months ago when she was forced to stop running because she could not catch her breath. Her friends called her mom on her cell phone and she came immediately and took her to the Emergency Room, where they placed her on supplemental oxygen and administered medication to relax her airways (which were constricting). She went home a few hours later with a diagnosis of exercise-induced asthma and obtained a prescription at her local pharmacy for twp inhalers to use in case of future attacks. She is supposed to keep one in her backpack or purse so that she has it wherever she goes but she lost it a few weeks ago.

In the past two months, Briana has had four more nerve-wracking episodes. These asthma attacks didn't seem to follow a pattern, but were each triggered by various things. In one case, she was at a friends' house who is a cat owner. In another, she was in her basement folding laundry, another occurred on her walk to school on a day she was particularly late and in a rush. The final attack occurred when she was with her grandfather who is a smoker. Only one of these episodes was severe enough for her and her caregivers to decide to take her to the doctor, but each was "scary" enough to make her feel increasingly anxious about her breathing in the days and weeks that followed.

During her check up appointment, her pediatrician plans to determine whether or not to adjust her medication and plans to continue to educate her and her family about prevention and triggers, managing symptoms, and dealing with severe attacks. The pediatrician expects that the pharmacist will go over some of this crucial information as well.

# **Subjective & Objective:**

Record the information from Briana's story in the appropriate sections of the SOAP note. Wherever there is MISSING information, you and your team should fill in details that are appropriate, aligned, and logical.

SOAP Note				
Subjective:				
Signs & Symptoms				
Allergies				
Medications				
Past medical history				
Last oral intake				
Events leading to injury or illness				
Frequency				
Associated Symptoms				
Radiation				
Character				
Onset				
Location				
<b>D</b> uration				
Exacerbating Factors				
Relieving Factors				

Objective:		
Measurements		
Vital Signs		
Exam Results		
Lab Results		

# **Assessment:**

Write a short summary of the patient's situation. For your differential diagnosis, instead of diagnosing the disease (we know she has asthma), list three possible reasons her symptoms may be worsening. Then, your final diagnosis will include the factors responsible for worsening her symptoms (you may determine it is more than one factor!). Support your conclusion with evidence and reasoning,

Assessmer	nt:
Summary	
Differential	1.
Diagnoses	2.
	3.
Final Diagnosis	Claim:
	Evidence:
	Reasoning:
	No asoning.

## Research:

Gather information about different treatment, symptom management, and prevention options for asthma. As Briana's healthcare team, your goal is that she and her family will take actions that will reduce the frequency and severity of asthma attacks, manage her illness, and enact appropriate treatment measures in the case of severe attacks. Be sure to address all three of these issues in your research.

Research Question	Owner/Source	New Information

Plan:
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Create a plan for Briana using information you researched about the treatment and management of her asthma. First, brainstorm and take notes in the box below. Then complete the Asthma Action Plan in the handout.

Plan:
Steps of Plan
(Consider mental, social and physical health; short- and long-term needs, and follow-up care required)

## **Asthma Action Plan:**

Asthma Action Plan			Reference #3
	Doctor:		
Doctor's Phone Number	Hospital/Emergency Department Phone Number		
Doing Well	Take these long-term control medicines each day (include an anti-inflamma		**
No cough, wheeze, chest tightness, or shortness of breath during the day or night Can do usual activities	Medicine	How much to take	When to take it
And, if a peak flow meter is used,			
Peak flow: more than			
My best peak flow is:			
Before exercise	0	0 2 or 0 4 puffs	5 to 60 minutes before exercise
Asthma Is Getting Worse  Cough, wheeze, chast tightness, or shortness of breath, or  Waking at night due to asthma, or  Can do some, but not all, usual activities  Or-  Peak flow:  (50 to 79 percent of my best peak flow)	if your symptoms (and pe corinus monitoring to the corinus monitoring monitoring to the corinus monitoring	ak flow, if used) return to GREEN ZONE as e sure you stay in the green zone.  ak flow, if used) do not return to GREEN Z nort-acting betay-agonist)	/ 20 minutes for up to 1 hour  under 1 hour of above treatment:  CONE after 1 hour of above treatment:  4 puffs or 1 Nebulizer  day For 19-10) days
Medical Alert!  I Very short of breath, or  I Quick-relief medicines have not helped, or  I Cannot do usual activities, or  I Symptoms are same or get worse after 24 hours in Yellow Zone  Or-  Peak flow: less than (50 percent of my best peak flow)	Take this medicine:  (short-acting b (rad ste  Then call your doctor NOW. Go I  You are still in the red zone after I  You have not reached your doctor	roid) mg o the hospital or call an ambulance if: 5 minutes AND	s or n Nebulizer
DANGER SIGNS Trouble walking and talking  Lips or fingernails are blue	due to shortness of breath  See the reverse side for things you ca	■ Take □ 4 or □ 6 puffs of your quick-rel ■ Go to the hospital or call for an ambulan do to avoid your asthma triggers.	

#### How To Control Things That Make Your Asthma Worse This guide suggests things you can do to avoid your asthma triggers. Put a check next to the triggers that you know make your asthma worse and ask your doctor to help you find out if you have other triggers as well. Then decide with your doctor what steps you will take. Indoor Mold Fix leaky faucets, pipes, or other sources of water that ha around them. Clean moldy surfaces with a cleaner that has bleach in it. Animal Dander Some people are allergic to the flakes of skin or dried saliva from animals with fur or feathers. The best thing to do: Keep tured or feathered pets out of your home. If you can't keep the pet outdoors, then: □ Pollen and Outdoor Mold What to do during your allergy season (when pollen or mold spore counts what to do during your allergy season (when pollen or moid spore counts are high): Try to keep your windows closed. Stay indoors with windows closed from late morning to afternoon, if you can. Polen and some moid spore counts are highest at that time. Ask your doctor whether you need to take or increase anti-inflammatory Keep the pet out of your bedroom and other sleeping areas at all times, and keep the door dosed. Remove carpets and furniture covered with cloth from your home. If that is not possible, keep the pet away from fabric-covered furniture medicine before your allergy season starts. Many people with asthma are allergic to dust mites. Dust mites are tiny bugs that are found in every home—in mattresses, pillows, carpets, uphoistered furniture, bedcovers, clothes, stuffed toys, and fabric or other fabric-covered items. Tobacco Smoke If you smoke, ask your doctor for ways to help you quit. Ask family members to guit smoking, too. terns. Things that can help: Encase your mattress in a special dust-proof cover: Encase your pillow in a special dust-proof cover or wash the pillow each week in hot water. Water must be hotter than 130°F to kill the mites. Do not allow smoking in your home or car. Smoke, Strong Odors, and Sprays If possible, do not use a wood-burning stoke, learosene heater, or fireplace. Try to stay away from stong odors and sprays, such as perfume, taicum powder, thair spay, and paints. week in hot weter. Water must be notter than 130° F to kill the mites. Oolf or warm water used with delargent and bleach can also be effective. Wash the sheets and blankets on your bed each week in hot water. Reduce indoor humidity to below 60 percent (behalf) between 30—50 percent). Delmmidifiers or central air conditiones can do this. Try not to sleep or lie on cloth-covered austrions. Permove carpets from your bedroom and those laid on concrete, if you can. Keep stuffed toys out of the bed or wash the toys weekly in hot water or coder water with detergent and bleach. Other things that bring on asthma symptoms in some people include: Vacuum Cleaning Try to get someone else to vacuum for you once or twice a week, f you can. Stey out of rooms while they are being vacuumed and for a short while afterward. If you vacuum, use a dust mask (from a hardware store), a double-layered Cockroaches Many people with asthma are allergic to the dried droppings and remains or microfilter vacuum cleaner bag, or a vacuum cleaner with a HEPA filter. Other Things That Can Make Asthma Worse Suffes in foods and beverages: Do not drink beer or wine or eat dried fruit, processed potatoes, or shimp if they cause asthma symptoms. Cold air: Cover your nose and mouth with a soar on cold or windy days. Other medicines: Tell your doctor about all the medicines you take, Include cold medicines, apprint, witams and other supplements, and nonselective beta-blockers (including those in eye drops). The best thing to do: Keep food and garbage in obsed containers. Never leave food out. Use poison bats, powders, gels, or paste (for example, boric acid). You can also use traps. If a spray is used to kill inaches, stay out of the room until the odor. goes away.

# Final Presentation:

Prepare a 2-4 minute role play depicting the portion of a care visit in which Briana and her parents are receiving instructions from a healthcare professional (i.e. a pharmacist, pediatrician, etc.). Use the teach-back method in the communication between health care professional and patient/family.

PRESENTATION PLANNING			
Team Member	Portion of Presentation	Notes	

# Rubric:

**Obj. 8.9:** Create a clear and effective treatment plan and communicate this action plan and relevant health information using the teach-back method.

Needs Improvement	Emerging Mastery	Partial Mastery	Mastery
Treatment Plan:	Treatment Plan:	Treatment Plan:	Treatment Plan:
-MISSING 2 or more of	-Medication(s), Action	-Medication(s), Action	-Medication(s), Action
the following:	plan for dealing with	plan for dealing with	plan for dealing with
Medication(s), Action	symptoms, and	symptoms, and	symptoms, and
plan for dealing with	Environmental Factors	Environmental Factors	Environmental Factors
symptoms, and	contributing to	contributing to	contributing to
Environmental Factors	asthma poorly	asthma partially	asthma appropriately
contributing to	identified and not	identified and	and comprehensively
asthma	explained sufficiently	explained sufficiently	identified and clearly
	in written form	in written form	explained in written
Role Play:			form
-0 or 1 of the 6	Role Play:	Role Play:	
following elements	-2 or 3 of the 6	-4 or 5 of the 6	Role Play:
are present: Verbal	following elements	following elements	-Verbal
communication	are present: Verbal	are present: Verbal	communication
demonstrates plain	communication	communication	demonstrates plain
language, slow pace,	demonstrates plain	demonstrates plain	language, slow pace,
short statements, and	language, slow pace,	language, slow pace,	short statements, and
focuses on key ideas.	short statements, and	short statements, and	focuses on key ideas.
Understanding is	focuses on key ideas.	focuses on key ideas.	Understanding is
evaluated using teach-	Understanding is	Understanding is	evaluated using teach-
back method	evaluated using teach-	evaluated using teach-	back method
effectively; re-	back method	back method	effectively; re-
teaching occurs if	effectively; re-	effectively; re-	teaching occurs if
patient does not	teaching occurs if	teaching occurs if	patient does not
understand	patient does not	patient does not	understand
	understand	understand	

# Post-Case Wrap-up Questions:

# Module 8 Learning Objectives:

- **Obj. 8.1:** Identify the roles pharmacist and pharmacy technicians play in providing health care.
- **Obj. 8.2:** Differentiate between the four main pharmacy services.
- **Obj. 8.3:** Differentiate between types of medication obtained at a pharmacy.
- **Obj. 8.4:** Identify causes and effects of the painkiller abuse problem.
- Obj. 8.5: Differentiate between the four principles of ethics in pharmacy.
- **Obj. 8.6:** Apply effective communication & cultural competency skills to community pharmacy situations.
- **Obj. 8.7:** Identify factors that influence patient medication adherence.
- **Obj. 8.8:** Demonstrate the teach-back method to communicate health information.

#### ANSWER THE FOLLOWING QUESTIONS ON A SEPARATE SHEET OF PAPER.

- **Obj. 8.1**: Briana comes to the pharmacy with her mother to refill a prescription for her inhaler. Would her interactions be different based on whether the pharmacist or pharmacy technician was helping customers at the time? If so, how? If not, why not? Be sure to explain the differing roles of a pharmacist and pharm tech in your answer.
- **Obj. 8.2**: Briana needs an inhaler. Which type(s) of pharmacy is she most likely to visit to get her inhaler? Why?
- **Obj. 8.3**: Is Briana's medication most likely to be over-the-counter, prescription, or pharmacist-controlled? Why?
- **Obj. 8.4**: Briana's male cousin abuses prescription painkillers. Explain three possible factors that might influence his problem and three possible effects.
- **Obj. 8.5**: Describe a scenario where Briana and her father are speaking with a pharmacy technician who DOES NOT display the **four principles of ethics** in pharmacy. What does the tech say, do, or convey to demonstrate a lack of the principles?
- **Obj. 8.6**: Describe a scenario where Briana and her father are speaking with a pharmacist who DOES NOT display **cultural competency** in pharmacy. What does the pharmacist say, do, or convey to demonstrate a lack of the cultural competency?
- **Obj. 8.7**: Name five factors that might influence Briana's compliance with the action plan.
- **Obj. 8.8**: Write a script showing the teach-back method between a pharmacist and a person obtaining a prescription for ear drops for their babies. (You can make up the details!)