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Asthma Management Guidelines for the Diagnosis and Management of Asthma Expert Panel Report 3 Interventions to Modify Health Care Provider Adherence to Asthma Guidelines Expert Panel Report 2 National Asthma Guidelines Implementation by Primary Care Providers Guidelines for the Diagnosis and Management of Asthma Executive Summary Guidelines for the Diagnosis and Management of Asthma Implementation of Asthma Treatment Guidelines Guidelines for the Diagnosis and Management of Asthma Practical Guide for the Diagnosis and Management of Asthma Treatment of Asthma: The long-acting beta-2-agonists Severe Asthma Asthma: A Clinician's Guide Environmental Management of Pediatric Asthma Asthma Treatment Guidelines for the Diagnosis and Management of Asthma Implementation of the National Asthma Guidelines in a Residential Pediatric Clinic Expert Panel Report Asthma Treatment Guidelines Adherence to National Asthma Education and Prevention Program Guidelines in the Medi-Cal Population Before and After the Implementation of the Asthma Registry Into the Electronic Medical Record at CHOC Children's Clinical Asthma E-Book Control Asthma Through the Implementation of the National Asthma Guidelines! Fast Facts: Asthma Exacerbations of Asthma Asthma Asthma Management at Evans Army Community Hospital Implementation of Asthma Guidelines in a Rural Community Guidelines for the Diagnosis and Management of Asthma Allergy and Asthma Made Easy Asthma Clinical Practice Guideline Implementation and Evaluation in a Military Treatment Facility Pediatric Clinic Guidelines for the Diagnosis and Management of Asthma Asthma Guidelines for the Diagnosis and Management of Asthma Guidelines for the Diagnosis and Management of Asthma Bronchial Asthma Guidelines for the Diagnosis and Management of Asthma Guidelines for the Diagnosis and Management of Asthma Guidelines for the Diagnosis and Management of Asthma

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Asthma is a potentially fatal chronic disease responsible for over 1.8 million emergency room visits annually, and over five thousand deaths per year. The most rapid increase in asthma cases occurred in children under five years of age, with rates of disease increasing over 160 percent between 1980 and 1994. This quantitative, descriptive study utilized a retrospective medical chart review to determine if primary care providers adhered to aspects of the 2002 National Education Prevention Program Expert Panel Report: Guidelines for the Diagnosis and Management of Asthma. Data from 245 medical charts of nineteen primary care providers was collected and analyzed using simple and descriptive statistics. The results of this study showed that 97% of patients were not assigned an asthma severity/classification. There was no appreciable difference in the practice patterns between types of providers. The long-acting beta-2-agonists have become indispensable in modern asthma therapy. But do they have a fixed position in international guidelines? Here are the proceedings of the 6th Vienna Asthma Forum, when molecular biologists, drug designers, and clinicians discussed the role of three compounds (bambuterol, formoterol, and salmeterol) on a high scientific level. The authors give a fascinating new insight into the physiology of the Beta2- and glucocorticoid receptor, into the considerations before and during drug development, stimulating a vivid discussion among clinical researchers who share a special interest in the most efficacious use of a new therapeutic principle. The original papers and the individual discussions are highly informative and delightful to read. Covers: definition and diagnosis; the 4 components of asthma management; objective measures of lung function (spirometry, etc.); pharmacologic therapy (the medications; management of chronic asthma - asthma in adults, and in children; management of exacerbations of asthma (home management, and hospital-based emergency department management); management of exercise-induced asthma); environmental measures to control allergens and irritants; and patient education. Also includes pregnancy and asthma, older patients, etc. Extensive references. There is growing interest in the pronounced variability in the incidence and severity of chronic respiratory diseases such as Asthma,

observed to occur in any particular patient over a given period of time. It is now known that acute exacerbations are multi-factorial in origin, with pollution, allergens and viruses all implicated, and effective treatment requires a similarly complex approach that addresses each of the component causes. In this new volume, leading authorities review what is known of these causative factors and the mechanisms by which they exacerbate the symptoms of pulmonary disease both singly and in combination. The authors evaluate the individual efficacy of current treatments in the light of this knowledge and present new recommendations for formulating effective therapeutic regimens. Short Contents Asthma: A Clinician's Guide incorporates the new National Heart Lung and Blood Institute's 2007 Guidelines for the Diagnosis and Management of Asthma (EPR-3) and emphasizes the importance of asthma control that has come to the forefront of asthma management. This vital text discusses the current data on genetics and strategies to overcome treatment disparities. With concise, evidence-based information in an easily accessible format, this book provides respiratory and pulmonary medicine students with a fundamental resource to better understand asthma and manage appropriate treatment for various patient populations. • Each chapter includes an outline, objectives, and key terms with definitions • Appendices include travel charts and school plans • Guideline-based step management algorithms provided for each age group • Peak flow charts and instruction guides are included • Forms/templates provided for reproduction This user-friendly text is an essential reference for students and clinicians alike! This book focuses on a more holistic approach to healing asthma by delving into the root cause of the disease, full-body healing, and the protocols necessary for maintaining a healthy lifestyle without relying on the use of synthetic drugs. As a former sufferer of the disease, this book shares with you my own journey toward healing. This book discusses the necessary steps I took to overcome my physical ailment and what I do now to maintain healthy respiratory functions. In this book, you will learn about treatment for asthma and overcome a physical ailment. Asthma is a very common chronic disease involving the respiratory system in which the airways occasionally constrict, become inflamed, and are lined with excessive amounts of mucus, often in response to one or more triggers. In children, the most common triggers are viral illnesses, such as those that cause the common cold and identifiable allergies. This airway narrowing causes symptoms such as wheezing, shortness of breath, chest tightness, and coughing. While measurement of airway function is possible for adults, most new cases are diagnosed in children who are unable to perform such tests. Diagnosis in children is based on a careful compilation and analysis of the patient's medical history and subsequent improvement with an inhaled bronchodilator medication. This 2nd edition provides clinicians with an update on the management of asthma, and includes new sections covering paediatric asthma, new treatment strategies, and updated management guidelines (including new British Thoracic Society [BTS] guidelines). The National Institutes of Health Publication 07-4051, Guidelines for the Diagnosis and Management of Asthma, The EPR--3 Summary Report 2007, provides key information from the full report on the diagnosis and management of asthma. Summary information is provided on measures of assessment and monitoring, education for a partnership in asthma care, control of environmental factors and comorbid conditions that affect asthma, and medications. Key tables and figures from the full report are included for easy reference. Asthma is a chronic inflammatory disease of the airways. In the United States, asthma affects more than 22 million persons. It is one of the most common chronic diseases of childhood, affecting more than 6 million children (current asthma prevalence, National Health Interview Survey (NHIS), National Center for Health Statistics, Centers for Disease Control and Prevention, 2005) (NHIS 2005). There have been important gains since the release of the first National Asthma Education and Prevention Program (NAEPP) clinical practice guidelines in 1991. For example, the number of deaths due to asthma has declined, even in the face of an increasing prevalence of the disease (NHIS 2005); fewer patients who have asthma report limitations to activities; and an increasing proportion of people who have asthma receive formal patient education (Department of Health and Human Services, Healthy People 2010 midcourse review). Hospitalization rates have remained relatively stable over the last decade, with lower rates

in some age groups but higher rates among young children 0–4 years of age. There is some indication that improved recognition of asthma among young children contributes to these rates. However, the burden of avoidable hospitalizations remains. Collectively, people who have asthma have more than 497,000 hospitalizations annually (NHIS 2005). Furthermore, ethnic and racial disparities in asthma burden persist, with significant impact on African American and Puerto Rican populations. The challenge remains to help all people who have asthma, particularly those at high risk, receive quality asthma care. Advances in science have led to an increased understanding of asthma and its mechanisms as well as improved treatment approaches. To help health care professionals bridge the gap between current knowledge and practice, the NAEPP of the National Heart, Lung, and Blood Institute (NHLBI) has previously convened three Expert Panels to prepare guidelines for the diagnosis and management of asthma. The NAEPP Coordinating Committee (CC), under the leadership of Claude Lenfant, M.D., Director of the NHLBI, convened the first Expert Panel in 1989. The charge to that Panel was to develop a report that would provide a general approach to diagnosing and managing asthma based on current science. Published in 1991, the “Expert Panel Report: Guidelines for the Diagnosis and Management of Asthma” (EPR 1991) organized the recommendations for the treatment of asthma around four components of effective asthma management: Use of objective measures of lung function to assess the severity of asthma and to monitor the course of therapy; Environmental control measures to avoid or eliminate factors that precipitate asthma symptoms or exacerbations; Patient education that fosters a partnership among the patient, his or her family, and clinicians; Comprehensive pharmacologic therapy for long-term management designed to reverse and prevent the airway inflammation characteristic of asthma as well as pharmacologic therapy to manage asthma exacerbations. The NAEPP recognizes that the value of clinical practice guidelines lies in their presentation of the best and most current evidence available. This report presents recommendations for the diagnosis and management of asthma that will help clinicians and patients make appropriate decisions about asthma care. ~ Asthma Management: Clinical Pathways, Guidelines, and Patient Education is a comprehensive disease management program designed to assist clinicians in diagnosing and effectively controlling asthma. It provides detailed guidelines on all aspects of managing asthma from the initial diagnosis in the clinical examination to the treatment strategy which may include drug therapy and lifestyle modification. This essential resource also includes easy-to-read patient education handouts, which teach and encourage patients to comply with interventions, while becoming active participants in managing their chronic condition. Asthma is a respiratory disease characterized by variable and recurring symptoms, airflow obstruction, bronchial hyper-responsiveness, and inflammation of the airways. In the U.S., an estimated 24.6 million people (8.2 percent) currently have asthma. Students with asthma miss more than 14 million school days every year due to illness. In 2005, there were approximately 679,000 emergency room visits in the U.S. due to asthma in children under 15 years of age. Currently, asthma is the third leading cause of hospitalization among children in this age group. Furthermore, certain U.S. population subgroups have higher prevalence rates of asthma in comparison with the national average: children (9.6 percent), poor children (13.5 percent), non-Hispanic African American children (17.0 percent), women (9.7 percent), and poor adults (10.6 percent). Following asthma guideline treatment recommendations improves clinical outcomes in a variety of pediatric populations, including high-risk populations, such as inner-city, poor, and/or African American populations. The available evidence suggests that most people with asthma can be symptom-free if they receive appropriate medical care, use inhaled corticosteroids when prescribed, and modify their environment to reduce or eliminate exposure to allergens and irritants. Despite the evidence of improved outcomes associated with adherence to guidelines, their long-term existence (more than 20 years) and widespread availability, health care providers do not routinely follow asthma guideline recommendations. In one study, only 34.2 percent of patients reported receiving a written asthma action plan, while only 68.1 percent had been taught the appropriate response to symptoms of an asthma attack. In the same study, only about one third of children or adults were using

long-term asthma controller medicine such as inhaled corticosteroids. Health care providers do not appropriately assess asthma control in most children, resulting in substandard care. Minority children are up to half as likely as Caucasian children to receive inhaled steroids. The significance of these studies is that suboptimal outcomes persist, such as twofold higher rates of emergency room visits for African American children compared with their Caucasian counterparts. With the lack of adherence to guideline recommendations, attention has been focused on why best practices are not followed (i.e., adhered to) by health care providers. The objective of our systematic review was to assess whether interventions targeting health care providers improve adherence to asthma guideline recommendations for asthma care and if these interventions subsequently improve clinical outcomes for patients. We also sought to determine whether any observed changes in asthma care processes directly improve clinical outcomes. This report has provided an organized systematic review of provider-focused interventions to improve asthma care and outcomes. Therefore, this report should provide a context in which to organize different types of interventions, their relative impact on a variety of outcomes, and considerations for what and how future studies should be planned. Our specific Key Questions (KQs) are listed below. KQ1: In the care of pediatric or adult patients with asthma, what is the evidence that interventions designed to improve health care provider adherence to guidelines impact health care process outcomes (e.g., receiving appropriate treatment)? KQ2: In the care of pediatric or adult patients with asthma, what is the evidence that interventions designed to improve health care provider adherence to guidelines impact clinical outcomes (e.g., hospitalizations, patient-reported outcomes such as symptom control)? KQ3: In the care of pediatric or adult patients with asthma, what is the evidence that interventions designed to improve health care provider adherence to guidelines impact health care process outcomes that then affect clinical outcomes? More than 22 million Americans have asthma, and it is one of the most common chronic diseases of childhood, affecting an estimated 6 million children. The burden of asthma affects the patients, their families, and society in terms of lost work and school, lessened quality of life, and avoidable emergency department (ED) visits, hospitalizations, and deaths. Improved scientific understanding of asthma has led to significant improvements in asthma care, and the National Asthma Education and Prevention Program (NAEPP) has been dedicated to translating these research findings into clinical practice through publication and dissemination of clinical practice guidelines. The first NAEPP guidelines were published in 1991, and updates were made in 1997, 2002, and now with the current report. Important gains have been made in reducing morbidity and mortality rates due to asthma; however, challenges remain. Covers: definition and diagnosis; the 4 components of asthma management; objective measures of lung function (spirometry, etc.); pharmacologic therapy (the medications; management of chronic asthma - asthma in adults, and in children; management of exacerbations of asthma (home management, and hospital-based emergency department management); management of exercise-induced asthma); environmental measures to control allergens and irritants; and patient education. Also includes pregnancy and asthma, older patients, etc. Extensive references. Severe asthma is a form of asthma that responds poorly to currently available medication, and its patients represent those with greatest unmet needs. In the last 10 years, substantial progress has been made in terms of understanding some of the mechanisms that drive severe asthma; there have also been concomitant advances in the recognition of specific molecular phenotypes. This ERS Monograph covers all aspects of severe asthma – epidemiology, diagnosis, mechanisms, treatment and management – but has a particular focus on recent understanding of mechanistic heterogeneity based on an analytic approach using various ‘omics platforms applied to clinically well-defined asthma cohorts. How these advances have led to improved management targets is also emphasised. This book brings together the clinical and scientific expertise of those from around the world who are collaborating to solve the problem of severe asthma. The National Asthma Education and Prevention Program (NAEPP) was established in 1991, with the goal to address the growing and significant national health problem of asthma. The NAEPP was last updated in 2007. CHOC Children's (CHOC) in Orange County, California integrated an Asthma Registry into the

electronic medical record (EMR) in 2015 to improve provider adherence to the NAEPP guidelines. Method: A serial cross-sectional design was used to compare change in provider management of asthma patients before an Asthma Registry with NAEPP guidelines was integrated into the EMR to after integration into the EMR. Four variables (Asthma Control Test [ACT], Asthma Action Plan [AAP], inhaled corticosteroids [ICS] and spacers) were evaluated pre-integration (2014) and compared to post-integration (2018) of the Asthma Registry. Using 2018 data, the outcomes of hospital admission, emergency department (ED) and outpatient visits with the diagnosis of asthma exacerbation were compared between the Children's Medical Group (CMG) and the non-CMG of CHOC Health Alliance. Results: In 2018, patients were more likely to receive an ACT, (OR = 14.95, 95% CI 12.67, 17.65, p 'Fast Facts: Asthma' delivers a clear practical message – improved asthma control can be achieved through efficient commonsense delivery of asthma care, alongside strategies that improve patient self-management and medication use. This fully updated fourth edition examines the essentials of good asthma care, distilled from the latest international guidelines and best available evidence, including:

- Accurate asthma diagnosis
- Identification and control of factors that increase the risk of exacerbations
- Effective delivery of inhaled medication
- The recommended stepwise approach to asthma treatment
- Questions to ask before diagnosing refractory asthma
- Inflammation-guided therapy
- Recognition and treatment of acute asthma attacks
- Strategies to improve adherence to asthma treatment

The easy-reference format of this concise, well-illustrated handbook is ideal for general practitioners, asthma nurses, medical students and asthma educators seeking a practical overview of good asthma care that will help with individualized management plans and patient education, and improve outcomes and quality of life for the very many people living with asthma. Contents:

- Pathophysiology
- Epidemiology and natural history
- Diagnosis and classification
- Management
- Refractory asthma
- Acute asthma attacks
- Preventing asthma attacks
- Exercise-induced asthma
- Developments
- Useful resources

These guidelines are the product of a new Pediatric Asthma Initiative aimed at integrating environmental management of asthma into pediatric health care. This document outlines competencies in environmental health relevant to pediatric asthma that should be mastered by primary health care providers, and outlines the environmental interventions that should be communicated to patients. These environmental management guidelines were developed for pediatricians, family physicians, internists, pediatric nurse practitioners, pediatric nurses, and physician assistants. In addition, these guidelines should be integrated into respiratory therapists' and licensed case/care (LICSW) management professionals' education and training. The guidelines contain three components: (1) Competencies: An outline of the knowledge and skills that health care providers and health professional students should master and demonstrate in order to incorporate management of environmental asthma triggers into pediatric practice; (2) Environmental History Form: A quick, easy, user-friendly document that can be utilized as an intake tool by the health care provider to help determine pediatric patients' environmental asthma triggers; and (3) Environmental Intervention Guidelines: Follow-up questions and intervention solutions to environmental asthma triggers. Although environmental factors may play a role in the prevalence of asthma in the population, these guidelines are not directed at the primary prevention of pediatric asthma on a general scale. They are aimed instead at educating health care professionals on how to advise families about environmental interventions that can reduce or eliminate triggers for children who are already diagnosed with asthma. These guidelines are intended to be used with children (0-18 years) already diagnosed with asthma. Referral to a specialist is advised if the diagnosis of asthma is in doubt. Sources of guidelines for making the diagnosis of asthma include the NAEPP (National Asthma Education and Prevention Program) Guidelines and resources from Kaiser Permanente, the American Academy of Allergy Asthma & Immunology, and the American Academy of Pediatrics. Sources of Additional Information are appended. Asthma is a common chronic disease of childhood, affecting more than six million children (NHLBI, 2007). Several national guidelines regarding asthma diagnosis and treatment are available. Two of the most accepted are the National Heart, Lung, Blood Institute (2007) and the

Department of Defense and Veteran's Affairs (DoD/VA, 2009) clinical practice guideline (CPG). These guidelines assist Health Care Providers (HCP's) in delivering the most current and accepted standards of practice for patients with asthma. However, compliance is often difficult for HCPs as well as patients. The purpose of this evidence-based project was to implement the DoD/VA asthma CPG at a Military Treatment Facility pediatric clinic. Compliance with the asthma CPG was evaluated in 5 specific areas: emergency department visits, acute care visits, hospitalization rate, use of a written asthma action plan and prescription of inhaled corticosteroid for any severity of persistent asthma. The Stetler Model of Research Utilization (2001) was used to facilitate this project. After literature review and an organizational assessment, this author utilized a combined approach of provider education and extrinsic tools to implement the CPG. A 3-month retrospective chart review was completed prior to and three months after CPG implementation. The two groups had similar ages, sex, and sponsor status. Following implementation of the CPG, there was a 6% decrease in the percentage of ED visits. However, there was a slight increase in rates of acute care visits and hospitalizations (2% and 6%, respectively). A small (2%) increase was also noted in the use of ICS. Unfortunately, post-CPG implementation data collection coincided with the winter months, which may have been a confounder. There was a larger increase in use of written asthma action plan post-CPG implementation (14 to 44%). Using the z-test of proportions, only the increase in the use of asthma action plan was statistically significant. Although there was not significant improvement in the majority of outcomes measured, the primary goal of this project was implementation of the asthma CPG. No one method of CPG implementation has been proven to be more successful than another method according to the literature. Through the process of this evidence-based practice project, Providers have voiced an increased awareness of the DoD/VA CPG. Although not formally measured, this provides a basis for future in depth study and analysis. This project will be sustained via ongoing process improvement monitoring and reporting.

From the 19-29 May 1991 the NATO ASI Course PAsthma Treatment: A P Multidisciplinary Approach was held in Erice, on the rocky North West Coast of Sicily, facing the ancient Phoenician shore of the African Continent. Sixty NATO sponsored participants arriving from many different European Countries - Nato members and non - attended the course. Qualified researchers from Europe and the United States held extensive lectures, short meetings and small informal group discussions. Erice is a magical place which draws together people from different backgrounds and cultures under her Mediterrean charm, recreating the ancient Greek openair discussion atmosphere. And so, during the 10 days gathering, the extensive willingness of the senior investigators and the laudable enthusiasm of the younger participants was stimulated. All of the most recent findings in the biology and the pharmacology of Asthma were discussed, initially behind closed doors, to be unhurriedly continued along the alley ways of the "Cittadella della Scienza" , in Erice's small restaurants, and on her deserted beaches. The texts collected here are testimony to the high quality of the investigators contributions as well as their far reaching interests. I think that a Director of such a Course would be adequately satisfied by merely considering the enthusiasm and high level involvement of every participant. He could not have been more satisfied after having considered the proceedings summerizing the scientific content of the meeting. This unique new text delivers practical guidelines on diagnosing and treating patients with asthma. Drs. Castro and Kraft are extensively involved in asthma research and improved patient care, and their comprehensive coverage of key challenges in diagnosing and treating asthma makes this a must have resource. The organized full-color format ensures readability, and helps you find information quickly and easily. Offers up-to-date protocols and management guidelines to help you provide the best care for your patients. Presents chapters on special situations and special populations to help you overcome clinical challenges such as the difficult-to-control or pregnant asthma patient. Provides specialized sections on asthma education to give guidance on leading your patients to better self management by improving their adherence to treatment guidelines. Highlights material found on the Asthma Educator Certification exam in special "education boxes. Offers expert guidance on translating the new NIH EPR-3 Asthma Guidelines to

hands-on patient care. Organized in a consistent chapter format that provides concise, logical coverage of essential information for easy reference. Contains special boxes that highlight clinical pearls, controversial issues, and patient education information. Uses a full-color format that makes it easy to find information quickly. A concise, practical guide to the diagnosis, treatment and management of common allergy and asthma conditions in primary care. Allergy and asthma represent some of the most common chronic conditions presenting in primary care. Furthermore, up to 20% of patients with allergies struggle on a daily basis with the fear of anaphylactic shock or an asthma attack. This book guides readers through the basic immunology and pathophysiology and then provides details on all aspects of the clinical assessment of allergic patients: History-taking Clinical examination Investigations and imaging A broad range of allergies is then presented with succinct clinical advice detailing the causes, diagnosis and treatment of each allergy in turn. Asthma is covered separately using the latest asthma guidelines to describe the risk factors, stratification, and accurate diagnosis. This is followed by a concise presentation of asthma management and monitoring in primary care. The book concludes with the pressing issue of childhood allergy, and highlights the investigations, assessment and treatments specific to allergy and asthma in children. This is the ideal clinical text for GPs, medical students and nurse practitioners looking to manage common allergies and asthma, and for those looking for decision-making support when considering onward referral. A fully updated edition of a widely respected classic on the diagnosis and management of asthma in a variety of patient subpopulations. Though this fifth edition continues to emphasize the definition, medications, and use of asthma treatment plans, it also focuses on the special needs patient, including the pediatric patient, the pregnant patient, and the patient undergoing surgery, as well as on the perennial issues of exercise and asthma, pulmonary aspergillosis, occupation, recreational drug use, and psychological/social considerations. Highlights for the fifth edition include a liberal use of tables and charts to make the book more practical and user-friendly, updates on the many new pharmaceuticals used to treat asthma, and first-time sections on food sensitivity and the diagnosis of asthma. Purpose: Foster care children admitted to residential facilities are a unique and vulnerable group, many presenting with undiagnosed or poorly managed asthma. The alarming rate of residents admitted to a particular residential primary care clinic with a diagnosis of asthma led to the project question: "Based on record reviews, does staff education about the importance of utilizing the national guidelines for asthma education influence the implementation of such guidelines in a residential pediatric clinic?" The purpose of this quality improvement project was to implement a systematic process to influence practice change. The project was conducted over a period of 4 weeks. Design: The project was a single-group pretest-posttest design. The medical records were examined prior and post National Asthma Guidelines, Expert Panel Report-3 (EPR-3, 2007) education to determine whether guidelines had been implemented. A convenience sample consisted of male and female residents, 12-17 years of age, admitted to the clinic with a diagnosis of asthma or any resident having experienced any asthma symptoms. Twenty-nine children's records (n=29) were studied. Findings: The composite review of documented asthma guidelines was significantly higher post-intervention (M=3.96, SD=1.81) than pre-intervention (M=1.34, SD=1.54), $t(28)=7.99$, p