

**TITLE:** Improved Pediatric Asthma Treatment through Pathways and Protocols.

**FACULTY MENTOR NAME, EMAIL PHONE NUMBER**

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QI research Summary

Background: The 2007 CDC survey an estimated 9.6 million children (13.1 percent) under 18 years had been diagnosed with asthma during their lifetimes (1). The CDC national asthma control program state profile estimated 322,007 children in Florida had asthma and the asthma hospitalization rate in Florida for children was 172.6/100,000 persons while the total U.S. rate was 144/100,000 persons. (2) Nationally and internationally asthma care is suboptimal and there is much to be learned about the disease process as well as strategies for management.

The overall goal of our efforts is to improve pediatric asthma care, decrease emergency room visits, decrease hospitalizations, and decrease need for short courses of oral steroids. This will be accomplished using established best practices for reducing the burden of asthma as identified through scientific research and peer reviewed journals and expert panels.

There is variability in adherence to NIH Guidelines for the treatment of acute asthma in our ED and in-patient service. It is our hypothesis that improving adherence will decrease admissions from the ED and shorten length of stay of those requiring admission. Our aims are:

- 1) Collect data on adherence to the guidelines from 3 months prior to implemented protocols;
- 2) Then Compare it to data from current patients- post implementation of scoring and protocols
- 3) Measure adherence and determine the extent of reductions in hospital admissions, time to first beta agonist dose, time to first steroid dose, and amount of beta agonist used.

Outcomes listed above will be measured via chart review before and after implementation of asthma order set and pathway.

The medical student's role will be to conduct data extraction and analysis via chart review. They will be mentored on what questions to ask and answer and how to go about analyzing the information.