

CONTROLLER MEDICATIONS IN SCHOOLS

Background

The intent or goal of this project is to show that regular use of controller medications can improve lung function in the pediatric asthma population. The pediatric asthma population may not recognize the need for daily control of asthma, whether it's due to lack of knowledge of the disease process or the understanding of controller medications.

Method

The evidence based solution was to administer controller medications in the morning upon arrival at school and then again prior to going home. The controller medication would be given at least 5 days a week. The parents were encouraged to continue the medications on weekends. The evidence is seen in the change in lung function on pre/post spirometry. Spirometry was administered prior to beginning controller medications and was repeated at 4 weeks and 8 weeks.

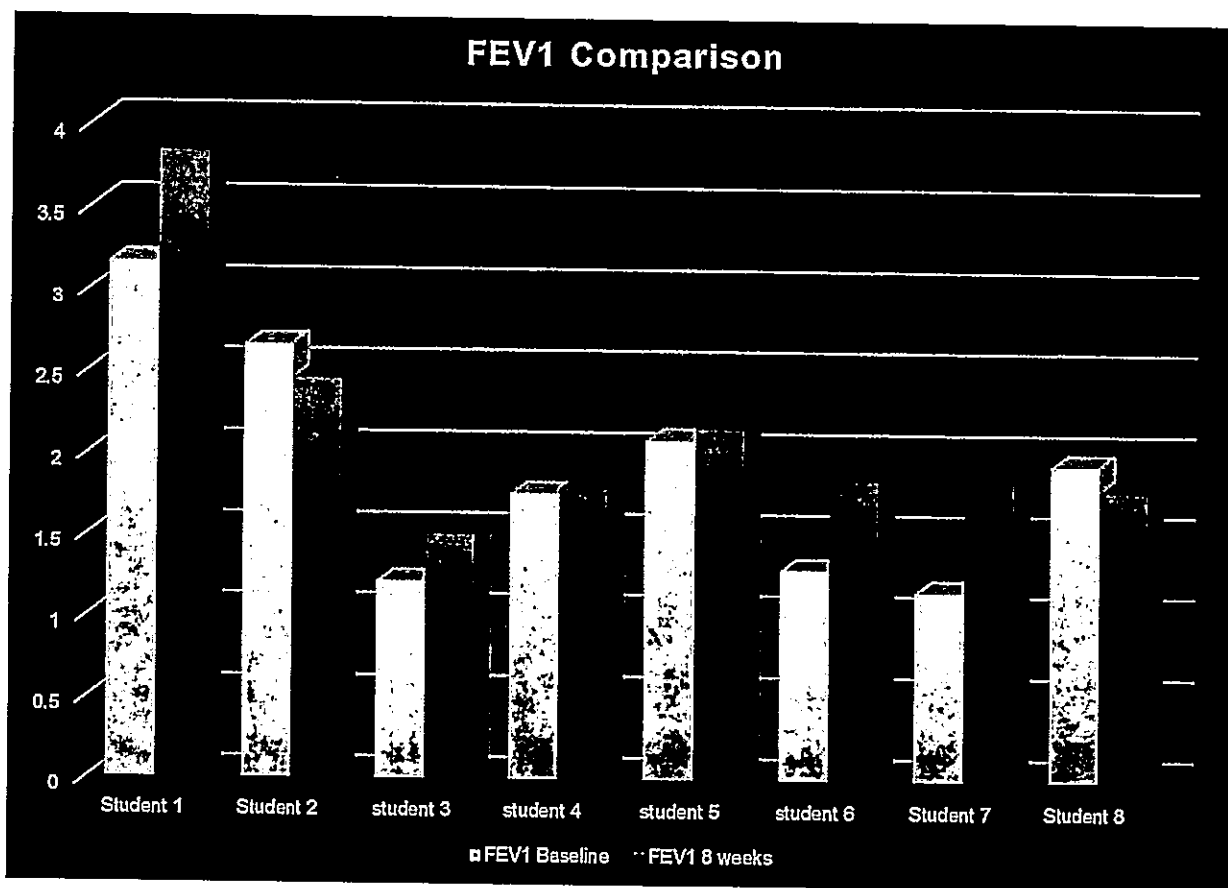
Results

The outcome of this project showed 50% of the students that participated had a greater than 12% increase in lung functions after taking controller medications 5 days a week. The success was measured through spirometry. After completing spirometry at the beginning of the project, which included giving a SABA to show lung reversibility, the spirometry was repeated at 4 weeks and 8 weeks. Lung function was maintained with administration of controller medications. Controller medications clearly help in controlling asthma.

Conclusion

This project shows the need for compliance with controller medications. It would benefit the patient to take controller medications in a school health based setting. The school nurse plays a vital role in the health of the student by increasing quality of life and decreasing missed school days.

Test compared	Student 1	Student 2	Student 3	Student 4	Student 5	Student 6	Student 7	Student 8
pre/post SABA %change FEV1	25.6%	1.9%	22.3%	6.3%	2.4%	31.8%	48.3%	14.4%
after 8 weeks % change in FEV1	21.1%	-7.9%	24.0%	1.7%	3.3%	43.4%	59.5%	-8.2%
% change in FEV1/FVC% pre/post study	18%	0%	19%	10%	4%	16%	14%	*5%



ABSTRACT CONTROLLER MEDICATIONS IN SCHOOLS

*Submitting and Presenting Author

First Name Tracy Last Name Marquette

Degrees Associate Professional Title RRT, AE-C

Organization Our Lady of the Lake Children's Hospital

Organization Address: 5000 HENNESSY BLVD

City/State/Zip BATON ROUGE, LA 70808

Email Address Tracy.marquette@ololrhc.com preferred phone (225)439-1883

Additional Authors

First Name Shantelle Last Name Graves

Degrees BS Professional Title Director of Respiratory Care and EEG

Organization Our Lady of the Lake Children's Hospital

Organization Address: 5000 HENNESSY BLVD

City/State/Zip BATON ROUGE, LA 70808

Email Address Shantelle.graves@ololrhc.com preferred phone (225)765-8869

Additional Authors

First Name Connie Last Name Brunson

Degrees Masters Professional Title Physician's Assistant Pediatric Pulmonary

Organization Our Lady of the Lake Children's Physicians Group

Organization Address: 7777 HENNESSY BLVD Suite 406

City/State/Zip BATON ROUGE, LA 70808

Email Address Connie.brunson@ololrhc.com preferred phone (225)765-6416

Additional Authors

First Name Dr.Rafael **Last Name** Cillioniz-Guerrero

Degrees PhD **Professional Title** Medical Director of Community Asthma Management Program
Pediatric Pulmonologist

Organization Our Lady of the Lake Children's Physician Group

Organization Address: 7777 HENNESSY BLVD Suite 406

City/State/Zip BATON ROUGE, LA 70808

Email Address Rafael.Cillioniz-Guerrero@ololrhc.com **preferred phone** (225)765-3456

Additional Authors

First Name Sue **Last Name** Catchings

Degrees MA, CHES **Professional Title** Administrator of Health Centers in Schools

Organization Our Lady of the Lake Regional Medical Center

Organization Address: 4336 North Blvd. Suite 201

City/State/Zip BATON ROUGE, LA 70806

Email Address Sue.Catchings@ololrhc.com **preferred phone** (225)343-9505

Additional Authors

First Name Dr.Yolanda **Last Name** Yu

Degrees MD **Professional Title** Pediatric Resident

Organization Our Lady of the Lake Children's Hospital

Organization Address: 5000 HENNESSY BLVD

City/State/Zip BATON ROUGE, LA 70808

Email Address Yolanda.yu@ololrhc.com **preferred phone** (225)765-8945

Additional Authors

First Name Dr. Kristen **Last Name** Pontiff

Degrees MD Professional Title Pediatric Resident

Organization Our Lady of the Lake Children's Hospital

Organization Address: 5000 HENNESSY BLVD

City/State/Zip BATON ROUGE, LA 70808

Email Address Kristen.pontiff@ololrhc.com **preferred phone** (225)765-8945

Abstract Major Area

Asthma Diagnosis and/or Care

Asthma Education Program or Program Evaluation

Device and Technique Evaluation

Drug Clinical Trial

Data **Abstract with data**