



# Improving Continuity of Asthma Management in the Pediatric Emergency Department and Pediatric Unit

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## Background

Asthma is a leading cause of Emergency Department (ED) visits and hospital admissions in children. Gaps in continuity of care following acute management contribute to recurrent exacerbations and poor long-term outcomes. Standardized asthma care pathways and structured discharge planning protocols may improve care coordination across ED, inpatient, and outpatient settings.

## Objectives

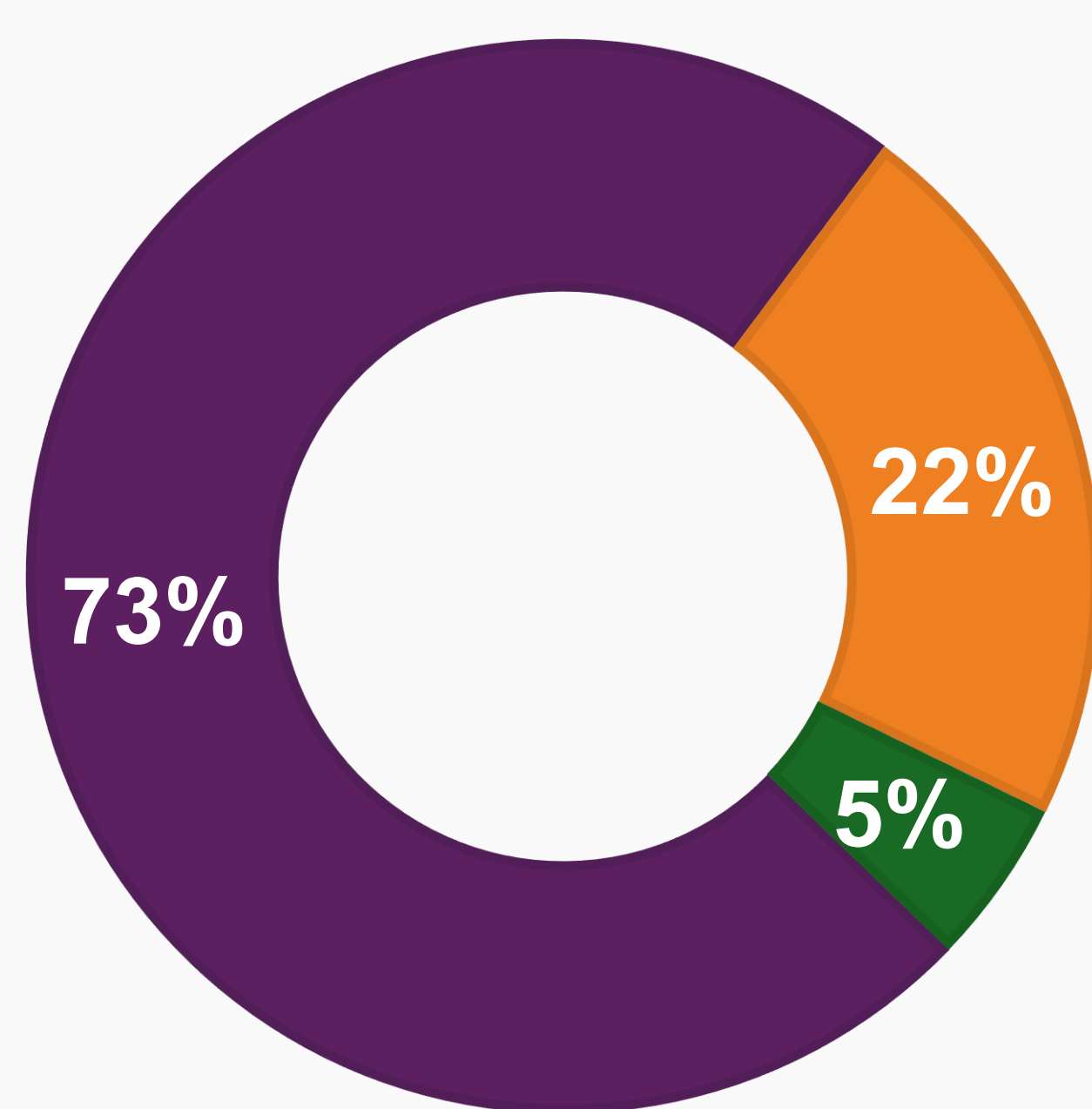
To evaluate whether implementation of a standardized asthma care pathway and structured discharge planning, compared to usual care, improves continuity of care and clinical outcomes in pediatric patients treated for asthma exacerbations.

## Methods

- Guided by the PICO framework:
- **Population:** Pediatric patients with asthma exacerbations
- **Intervention:** Standardized asthma care pathways and structured discharge planning
- **Comparison:** Usual (non-standardized) care
- **Outcomes:** Continuity of care, outpatient follow-up rates, recurrent ED visits, and hospital readmissions

## Pediatric ED Asthma Encounters (2025)

- Discharged
- Admitted
- Transferred



N=822 ENCOUNTERS

“Majority of pediatric asthma encounters were safely discharged, highlighting an opportunity to further standardize care and reduce admissions.”

## Outcomes

- Standardized asthma pathways improve care consistency and reduce variability
- Support decreased length of stay and more efficient patient flow
- Promote safe discharge (73% discharged home)
- Enhance continuity of care through structured discharge planning
- Contribute to reduced healthcare utilization and improved long-term control
- Provide opportunity for post-discharge follow-up to reinforce education and adherence

## Barriers

- Comorbid conditions complicating asthma management
- Fragmentation across multiple healthcare systems and providers
- Limited access to transportation for follow-up care
- Variability in ED utilization patterns
- EMR limitations and lack of interoperability across systems

## Conclusion

- Standardized asthma care pathways with structured discharge planning improve continuity of care and clinical outcomes
- High pediatric asthma volume (N = 822) highlights the need for consistent, pathway-driven care
- Implementation reduces variability, healthcare utilization, and supports long-term disease management
- Addressing patient and system-level barriers is essential for sustainability across care settings

### Implications for Practice

- Standardize asthma care delivery
- Strengthen discharge understanding
- Reinforce follow-up adherence
- Incorporate post-discharge calls
- Improve interdisciplinary care
- Address access/system barriers

## References

