



Service Priorities and Programmes Electronic Presentations

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The continuity care for Asthmatic Patient with Skin Prick Test

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Introduction

Skin Prick Test (SPT) is an allergy test used to identify allergens responsible for triggering symptoms and usually manifests clinically as one or more of the characteristic disorders of asthma. The results from SPT can be used to guide the management of patients with asthma. SPT Nurse Clinic (SPTC) was established since 2014 to facilitate the continuity care of asthmatic patient with allergen reaction

Objectives

To evaluate the effectiveness of SPTC and subsequent nursing care for asthmatic control after allergen identification

Methodology

It is a two-year prospective study carried out from 1st April 2014 to 30th March 2016 in SPTC of Queen Elizabeth Hospital. An instruction sheet (IS) was formulated with multi-disciplinary approach including respiratory, endocrine, ENT, paediatric and Rheumatology. A medication list that may interfere the result and the abstinence period was included. It could be retrieved automatically after SPT request was made through CMS system. It can serve three purposes: 1) A checklist reminder for doctors and nurses 2) patient leaflet for education 3) Ensure the test accuracy and prevent unnecessary appointment adjournment. A follow-up call will be made two-weeks prior the test. The allergens include common aeroallergens, molds and food could be performed during SPT. "Asthma-Control-Test" (ACT) and peak flow rate (PFR) was assessed. Education and intervention for the allergen avoidance, life-style modification and self-home plan was implemented and monitored in SPTC.

Result

Fourth-two patients were referred for the SPT procedure in which 30(71%) were asthma. The patients were predominantly female (77%; n=23). The SPT result was positive for prescribed allergens in twenty-eight (93%) asthmatic patients. The study revealed that house dust mite was the most common allergen in asthmatic patients (68%). The atopic reactions to cat hair & pelts, cockroach, molds were 40%, 34% and 28% respectively. The ACT mean score was shown significant improvement for twenty-one (70%) after subsequent nurse clinic follow-up in 3 to 6 months. (Pre mean

score: 16.7/25 vs. post: 21.2/25 $p < 0.05$). The mean PFR parameter revealed promising evidence with 21% improvement. (315.6L/min vs. 380.5L/min $p < 0.05$) Two SPT appointments were adjourned for same patient with asthmatic attack. The establishment of SPTC can streamline and enhance care continuity for asthmatic patient. It is envisaged that a reduction in unscheduled visits to accident and emergency department attendance and hospitalizations