



# Asthma Care for Homeless Children: Summary of Recommended Practice Adaptations

Health Care for the Homeless Clinicians' Network

## DIAGNOSIS & EVALUATION

### History

- **Housing & medical home** – At every visit, document housing status, living conditions, whether child has medical home, barriers to consistent treatment.
- **Environment** – Document environmental triggers that exacerbate asthma and whether there is a place to plug in a nebulizer.
- **Entitlements** – Ask whether patient has private or public health insurance (Medicaid/ SCHIP) and how family obtains medicine.
- **Special needs** – Ask if child has special needs, developmental delays.
- **Continuity of care** – Recommend one primary care provider to coordinate care; address any confusion about treatment information from prior providers.
- **Medical history** – Request medical records. Ask about current medication use/dosage/interval (especially controller use), hospitalizations, ICU stays, intubations, immunizations.
- **ER/ acute care visits** – Ask about emergency room and acute care facility visits to control asthma symptoms. Inquire about time of day and circumstances of acute visits, and if oral steroids were prescribed.
- **Family health/ stress** – Ask about family members' health and social problems. Help family prioritize needs, manage stress. Look for cues to abuse, since children with chronic illness are at higher risk for abuse.
- **Nutrition** – Ask where family gets food and what foods the child eats.

### Physical Examination

- **General** – At every visit, perform general physical exam (lungs, skin, etc.) and developmental surveillance per standard clinical guidelines, recognizing that many homeless children rarely see a primary care provider due to mobility and limited access to health care.

### Diagnostic tests

- **Spirometry** – Assess reversible airway obstruction, optimally at initial visit. If spirometry testing is unavailable, proceed with treatment on the basis of history and physical exam.
- **Peak flow** – Measure lung function routinely. Explore and address barriers to individual peak flow meter storage and use.
- **Allergy testing** – Refer child with unexplained, persistent asthma symptoms for allergy testing to help identify factors that trigger asthma exacerbations.
- **PPD** – Perform TB skin test, often required for admission to shelters.
- **HIV** – Test children with HIV-positive parent/ guardian if not already tested.

## PLAN & MANAGEMENT

### Education, Self-Management

- **Living, school, and care conditions** – Explain that exposure to respiratory infections, cigarette smoke and other environmental factors (cockroaches, dust, household cleaners, mice, mold) can worsen asthma symptoms. Work with staff in shelters, schools, and childcare centers to control these triggers.
- **Symptoms** – Teach parent/ guardian/ child to recognize asthma exacerbation: night-time/ early morning cough, post-tussive emesis, shortness of breath, wheezing. Promote preventive regimen.
- **Proper equipment use** – Teach patient/ parent/ guardian how to use metered dose inhaler, spacer, and nebulizer, if available, and evaluate use at every visit. Provide literacy and language appropriate written directions; provide written directions and replacement filters for nebulizer.
- **Cleaning nebulizers and spacers** – Explain to patient/ parent/ guardian: Take nebulizers and spacers apart; rinse using equal proportions of vinegar and water; dry. Provide vinegar if necessary.
- **Educational materials** – Assure that patient/ parent/ guardian can read and understand written instructions; assess understanding.
- **Extended clinic hours** – Provide walk-in, evening, and weekend access if possible; inform family how to access care during hours when clinic is closed.
- **Written log** – Provide a written log book to document asthma symptoms and possible exacerbating factors.
- **Action plans** – Provide oral and written explanations in language patient can understand, using graphics and easily stored wallet-size cards.
- **ER visits** – Advise parent/ guardian how to contact primary care provider prior to emergency room visits
- **Standard questions** – Ask, “Is anything we talked about unclear? Will anything in the plan of care be difficult for you to do?”

## Medications

- **Anti-inflammatory medications** – Strongly consider daily use of inhaled corticosteroids as first line controller medication. Oral corticosteroids may be given on an urgent and limited basis. Reserve long-acting drugs for children/ adolescents with adequate supervision, due to risk of overuse.
- **Inhalers** – Simplify care by selecting metered dose inhalers that can be used at the same time of day, with the same number of inhalations for all medications prescribed.
- **Spacers** – Use one-liter soda bottles as alternative to expensive, easily lost manufactured spacers.
- **Nebulizers** – Identify resources to replace lost nebulizers. Use premixed solution bullets to minimize dosage errors.
- **Medication storage** – Ask if shelter can store medications but make them immediately available when needed. Determine if powdered medications can be stored properly in a cool, dry place.
- **Medical refills** – Write prescriptions with an adequate number of refills. Monitor refill rate to assure that medications are not over- or under-utilized, recognizing that quick-relief inhalers may be diverted by family members or shelter residents to sell on the street or to enhance cocaine effects.

## Associated problems, complications

- **Antibiotic use** – Recognize possible increased risk of asthma for infants treated with antibiotics; assure antibiotic treatment is warranted.
- **Financial barriers** – Lack of health coverage can present barrier to treatment; provide assistance with Medicaid/ SCHIP applications. Use pharmaceutical discount programs, manufacturer-sponsored patient assistance programs, and gift cards to offset costs of medication and equipment required for asthma care.
- **Familial stress** – Facilitate access to stable housing with supportive services and other resources to alleviate stress.

## Follow-up

- **Medication assessment** – Instruct parent/ guardian to bring all of the patient's medications to each visit, including those prescribed or provided by other health care providers (emergency room, outreach clinics).
- **Entitlements** – Assist with application for all entitlements (Medicaid, SCHIP, SSI/SSDI, WIC, Food Stamps).
- **Referrals** – Refer to mental health professional, developmental clinic, or other available resources if there are patient or family problems that interfere with adherence to plan of care.
- **Contact information** – Document phone number of relative/ friend with stable address, family's cell phone number. Maintain contact with patient through shelters, childcare centers, schools.
- **School attendance** – Document missed school days; coordinate services with school.
- **Outreach** – Collaborate with outreach/ early intervention services and homeless advocates in your community.

## What Is Homelessness?

A *homeless person* is ...

an individual without permanent housing who may live on the streets; stay in a shelter, mission, single room occupancy facility, abandoned building or vehicle; or in any other unstable or non-permanent situation. An individual may be considered to be homeless if that person is 'doubled up,' a term that refers to a situation where individuals are unable to maintain their housing situation and are forced to stay with a series of friends and/or extended family members. In addition, previously homeless individuals who are to be released from a prison or a hospital may be considered homeless if they do not have a stable housing situation to which they can return. Recognition of the instability of an individual's living arrangement is critical to the definition of homelessness.

*Principles of Practice: A Clinical Resource Guide for Health Care for the Homeless Programs, Bureau of Primary Health Care/HRSA/HHS, March 1999; PAL 99-12.*

Excerpts from *Adapting Your Practice: Treatment & Recommendations for Homeless Patients with Asthma* (2008) Health Care for the Homeless Clinicians' Network

These and other recommended clinical practice adaptations are available at <http://www.nhchc.org/practiceadaptations.html>