NURSING PROTOCOL

Transition Support for Adolescents with Asthma

1. Purpose of the Protocol

This protocol aims to provide structured support for adolescents with asthma toward more autonomous disease management, while promoting adherence to care. It is part of a holistic, continuous, and individualized approach to care, guided by Meleis' Transition Theory.

2. TARGET POPULATION

- Adolescents aged 10 to 19 years
- Diagnosed with asthma for ≥ 6 months
- Followed in a hospital or outpatient setting
- Eligible if non-adherence is identified or if there is an increased risk (missed medication doses, recurrent exacerbations, rejection of treatment, etc.)

3. STEPS IN THE NURSING TRANSITION SUPPORT PROCESS

3.1.Initial Nursing Assessment

Collection of data regarding:

- Level of knowledge about the disease
- Perception of asthma and treatment
- Current adherence (self-report, *ACQ*)
- Level of autonomy (attending appointments independently, medication management)
- Family and psychosocial support
- Use of standardized tools: *eHEALS*, *ACQ*, *Good2Go*

3.2. Planning the Transition Process

- Definition of personalized goals with the adolescent (and family whenever possible)
- Frequency of nursing follow-up appointments (once a month or according to needs)
- Identification of skills to be acquired: symptom recognition, emergency management, self-monitoring, etc.
- Development of a personalized written action plan

3.3. Targeted interventions

- Therapeutic education (inhaler use, action plans, trigger factors)
- Workshops using visual supports, simulations, or monitoring applications
- Strengthening communication skills with healthcare professionals
- Addressing misconceptions and stigma related to asthma

3.4. Follow-up and Adjustment

- Reassessment of progress during each follow-up interview
- Adaptation of the care plan according to changes (relapses, setbacks, progress)
- Collaboration with healthcare partners (adult pulmonologist, primary care physician, psychologist, etc.)

3.5. TRANSITION TO ADULT CARE

- Structured handover to the designated adult healthcare provider
- Final assessment of self-management skills
- Summary of achievements and progress with the adolescent (final review)

4. REQUIRED DOCUMENTATION

- Nursing transition follow-up form
- Signed individualized action plan
- Symptom monitoring diary
- Interprofessional communication form

5. PROTOCOL EVALUATION CRITERIA

- Improvement in *ACQ* / *eHEALS* scores
- Treatment adherence rate at 6 months
- Patient and family satisfaction
- Number of emergency department visits and hospitalizations prevented

6. APPENDICES

- Personalized action plan template
- List of validated asthma applications
- Memo sheet: “10 Tips for Better Daily Asthma Management”
- Nursing transition follow-up chart

Personalized Action Plan Template

Last name : _____
First name : _____
Date of birth : _____
Address : _____
Primary physician : _____

Monitoring Zones

🟢 *Green Zone – Asthma Controlled :*

- No breathing difficulties, no coughing, no wheezing
- Normal activities, restful sleep
- I continue my controller treatment : _____

🟡 *Yellow Zone – Moderate Alert :*

- Coughing, wheezing, shortness of breath during exercise or at night
- I take : _____
  (e.g., Ventolin : 1–2 puffs every 4 hours)
- I contact an adult if my symptoms do not improve

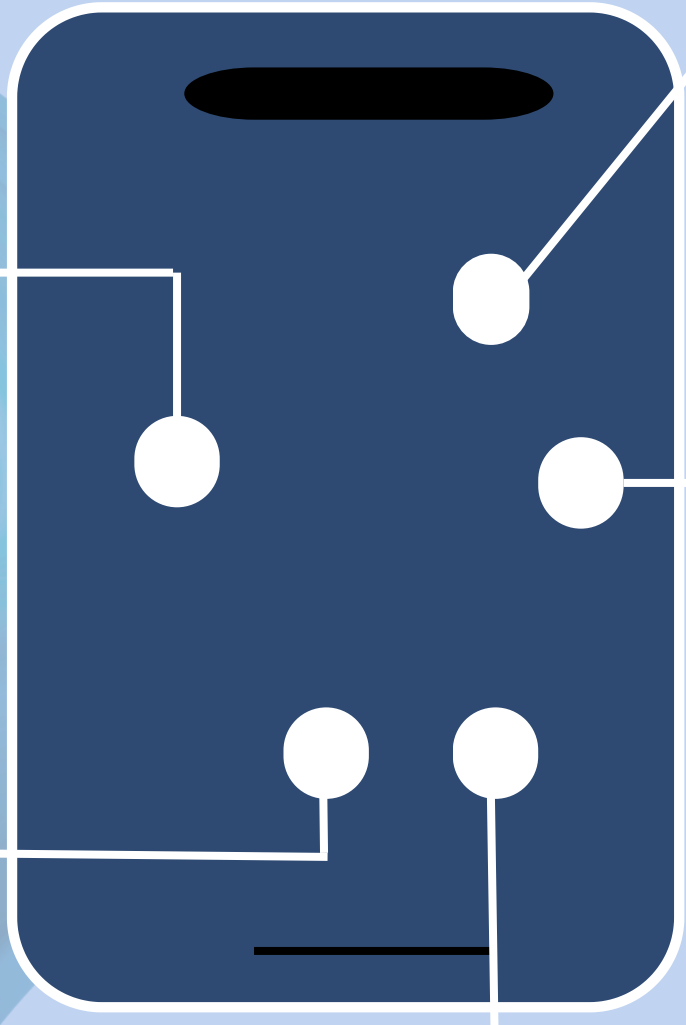
🔴 *Red Zone – Emergency :*

- Severe asthma attack : difficulty speaking, walking, or blue lips
- I immediately take: _____
- I immediately call 144 or ask someone to call for help

Patient signature : _____
Date : _____

Nurse signature : _____
Date : _____

List of Validated Asthma Applications



RespirH@ction (FR) : interactive asthma education app for children and adolescents

MyTherapy : treatment monitoring, medication reminders, and symptom tracking journals

Propeller Health : connected inhaler sensor and mobile application (if prescribed)

AsthmaMD : symptom monitoring, integrated action plan, and medical report export

CareClinic : complete platform for managing multiple conditions and personalized reminders

- *MyTherapy : https: //www.mytherapyapp.com*
- *AsthmaMD : https: //www.asthmamd.org*
- *Propeller Health : https: //www.propellerhealth.com*
- *CareClinic : https://careclinic.io*
- *RespirH@ction (app française d'éducation asthme) : disponible sur Google Play / App Store*

10 Tips for Better Daily Asthma Management

1. Take your controller medication every day, even if you feel well.

2. Always keep your rescue inhaler with you.

3. Learn to recognize the signs of an asthma attack (coughing, wheezing, shortness of breath).

4. Avoid known triggers (pollen, smoke, dust, etc.).

5. Stay active by exercising with a proper warm-up and at your own pace.

6. Air out your room every day and keep it clean.

7. Drink enough water and get enough sleep.

8. Tell an adult if you feel discomfort or if your treatment is not helping enough.

9. Regularly update your symptom diary or asthma tracking app.

10. Don’t be afraid to talk about your asthma at school, during sports, or with your friends.

Nursing Transition Follow-Up Chart

12 - 14 years

Awareness : Understanding the Illness
Goal : Understand that they are living with a chronic condition
Nursing role :

- Explain using simple and clear language
- Encourage the adolescent to express their perceptions (“What does asthma mean to you?”)
- Create a trusting environment

14 - 16 years

Preparation : Participating in Decision-Making
Goal : Begin to take part in care-related decisions
Nursing role :

- Ask open-ended questions
- Allow the adolescent to choose tools (app, diary)
- Co-create a *SMART* goal

16 - 18 years

Consolidation : Engaging in Daily Self-Management
Goal : Be consistent, autonomous, and ask for help when needed
Nursing role :

- Create routines (alarms, schedules)
- Reassess asthma control using the *ACQ*
- Support motivation and self-esteem

17 - 20 years

Transition to Adult Care
Goal : Build a future while taking health into account
Nursing role :

- Prepare the transfer of the medical record
- Arrange a joint meeting with the adult care team
- Provide a “My Care Plan” document or health card

18 - 25 years

Post-Transition
Goal : Strengthen autonomy and maintain engagement and life balance
Nursing role :

- Provide occasional remote follow-up
- Facilitate young adult support groups
- Offer support in case of setbacks or need for readjustment

This framework provides a useful basis for understanding the transition toward autonomy, but it cannot be applied uniformly. Each adolescent should be supported through an individualized approach that takes into account their cognitive, psychoaffective, and social development, which does not always follow a linear progression or correspond strictly to chronological age.
Each stage represents a step that must be progressively achieved and may be slowed down or reversed depending on the obstacles encountered (fears, parental overprotection, school difficulties, low self-esteem, etc.). Within this evolving process, the nursing role must remain active yet adaptable, alternating between a supportive presence and a relational guiding role according to the adolescent’s pace and needs.

CONTACTS

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