REFERENCE	EVIDENCE LEVEL	KEY FINDINGS, OUTCOMES OR RECOMMENDATIONS
Day, M., Clarke, S., Castillo-Eito, L., Rowe, R., (2020)	I	This systematic review and meta-analysis evaluated the
Psychoeducation for Children with Chronic Conditions: A		effectiveness of psychoeducational interventions in improving
Systematic Review and Meta-analysis, Journal of Paediatric		quality of life for children with chronic conditions. These results
Psychology, Volume 45, Issue 4, May 2020, Pages 386–398,		suggest that currently evaluated psychoeducational
		interventions improve quality of life for children with asthma
Boyd, M., Lasserson, T. J., McKean, M. C., Gibson, P. G.,	1	Asthma education aimed at children and their carers who
Ducharme, F. M., & Haby, M. (2009). Interventions for		present to the emergency department for acute exacerbations
educating children who are at risk of asthma-related		can result in lower risk of future emergency department
emergency department attendance. Cochrane Database of		presentation and hospital admission.
Systematic Reviews (2).		
National Asthma Council Australia (2020). Australian Asthma	VII	Contains the national clinical practice guideline for asthma
Handbook, Version 2.1. National Asthma Council Australia,		management in primary care.
Melbourne		
Mosnaim, Giselle S., Akkoyun, Esra., Eng, Joshua; Shalowitz,	1	Outlines the importance of culturally tailored asthma self-
Madeleine U. (2017).		management programs, taking into account parents and
Behavioural interventions to improve asthma outcomes: a		carers health literacy level. Family-centred asthma education,
systematic review of recent publications		delivered at the bedside during a paediatric asthma
Current Opinion in Allergy and Clinical Immunology		hospitalisation, is an efficacious approach.
Issue: Volume 17(3), June 2017, p 194-200		nespitalisation, is an emeadeds approach.
Yin, H. S., Gupta, R. S., Mendelsohn, A. L., Dreyer, B., van	II	Use of a low-literacy written action plan was associated with
Schaick, L., Brown, C. R., Encalada, K., Sanchez, D.C., Warren,		better parent understanding of asthma management. Further
C.M., Tomopoulos, S. (2017). Use of a low-literacy written		study is needed to assess whether the use of this action plan
action plan to improve parent understanding of pediatric		improves child asthma outcomes.
asthma management: A randomized controlled study.		
Journal of Asthma, 54(9), 919-929.		
Davis, J., Fitzmaurice, L., (2021). Providing individualised	III	Families who were provided a written asthma action plan
written asthma action plans during the paediatric		during their paediatric emergency department visit for an
emergency department visit. J Asthma. 2021 Jun;58(6):819-		asthma exacerbation reported fewer unplanned visits
824.		during the subsequent three months.

Al-Muhsen, S., Horanieh, N., Dulgom, S., Al Aseri, Z.,	VI	Found unnecessary presentations to ED and incorrect
Vazquez-Tello, A., Halwani, R., & Al-Jahdali, H. (2015). Poor	VI	medication use were directly associated with receiving poor
asthma education and medication compliance associated		asthma education.
·		astillia education.
with increased emergency department visits by asthmatic		
children. <i>Annals of Thoracic Medicine, 10 (2),</i> 123-131.		
William, K., Word, C., Streck, M., & Titus, O. (2013). Parental	IV	Displayed that on discharge, providing parents with asthma
Education on Asthma Severity in the Emergency Department		education relating to the child's exacerbation severity improved
and Primary Care Follow-up rates. Clinical Pediatrics, 52 (7),		outpatient and GP follow up rates.
612- 619.		
Bobrowska-Korzeniowska M, Jerzyńska J, Mitał M, Podlecka	II	Interventions to help parents quit smoking may yield
D, Brzozowska A, Stelmach I, Stelmach W. (2020).		important benefits for children with asthma. "Face-to-face"
Effectiveness of ongoing face-to-face anti-tobacco		intervention among families with smokers were effective
intervention in children with asthma. Allergy Asthma Proc.		and lowered cotinine levels in children with asthma and
2020 May 1;41(3):198-203.		the number of cigarettes smoked assessed 3 years after
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		the intervention.
Vepraskas SH., O'Day P., Zhang L., Simpson P., Gage S.	VI	Provides insight into caregivers' perspectives on the
(2018). Parents Support Teach-back, Demonstration, and a		content, timing, and style of education needed to promote
Post discharge Phone Call to Augment Discharge Education.		a safe transition of care from the hospital to the home.
Hosp Pediatr. 2018 Dec;8(12):778-784.		These findings add caregiver support to the optimisation of
		discharge education.
Bloch, S. A., & Bloch, A. J. (2013). Using video discharge	II	Brief video discharge instructions improved caregiver knowledge
instructions as an adjunct to standard written instructions		both in the ED and 2-5 days after discharge, compared with
improved caregivers' understanding of their child's		written discharge instructions alone. Caregiver satisfaction with
emergency department visit, plan, and follow-up: a		video discharge instructions was also greater than with written
randomized controlled trial. <i>Pediatric Emergency Care</i> , 29(6),		discharge instructions.
699-704.		
Gillette, C., Rockich-Winston, N., Kuhn, J. A., Flesher, S., &	1	Counselling children on correct inhaler technique was associated
Shepherd, M. (2016). Inhaler Technique in Children With		with improved technique among children in multiple studies.
Asthma: A Systematic Review. Academic Pediatrics, 16(7),		Highlights the importance of members of the health care team
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		instructing children and their caregivers on the proper use of
		their inhalation devices, and correction of mistakes when made
		, at every opportunity to ensure effective medication delivery.
Shah, RF., Gupta RM., (2017) Video instruction is more	IV	written instruction appears to be inadequate to achieve safe and
effective than written instruction in improving inhaler		effective administration of inhaled medicine. In contrast, video-
technique. Pulm Pharmacol Ther. 2017 Oct;46:16-19.		based education can effectively create adequate inhaler
		technique without additional provider time.