The Asthma Office Visit

- Assess "severity" and "control"
- Reduce current impairment
- Reduce future risk
- Address inflammation vs. bronchoconstriction
- Differentiate controller vs. rescue medication
- Prescribe an inhaled steroid (for at least 4-6 weeks)
- Teach spacer device technique
- Write an Asthma Action Plan
- Daily management and recognizing signs and symptoms of worsening
- Step-up "Yellow Zone" plan for home management
- Set up follow up in 4-6 weeks: step-up/step-down and modify Asthma Action Plan
- Prescribe albuterol and spacer
- Annual influenza vaccine, regardless of severity
- Annual spirometry and as needed for monitoring control

When to Refer to an Asthma Specialist

- Patient has difficulty achieving or maintaining control
- Patient has required more than 2 bursts of oral systemic corticosteroids in 1 year
- Patient has had an exacerbation requiring hospitalization - hospitalization is a risk factor for mortality
- Patient requires "Step 4" care or higher (Step 3 for children 0-4 years)
- Immunotherapy or omalizumab are considered for patient’s care
- Additional testing is indicated (allergy skin testing, bronchoscopy, etc.)
- Signs and symptoms are atypical
- Co-morbid conditions complicate asthma
- Patient requires additional education/guidance

Terms to Know:

Impairment (present)
- Frequency and intensity of symptoms
- Functional limitations (quality of life)

Risk (future)
- Asthma exacerbations (utilization)
- Progressive loss of pulmonary function
- Risk of adverse reaction from medication

Abbreviations
- ICS — inhaled corticosteroid
- LABA — long-acting beta2-agonist
- SABA — short-acting beta2-agonist
- RTI — respiratory tract infection
- LTRA — leukotriene receptor antagonist
- LAMA — long-acting muscarinic antagonist
- PRN — as needed

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Essential Information from the

2007 NHLBI Guidelines for the Diagnosis and Treatment of Asthma & Asthma Management Guidelines: Focused Updates 2020

Reference: National Heart, Lung, and Blood Institute:


Link to the Complete Expert Panel Report: www.nhlbi.nih.gov/guidelines/asthma
Link to the 2020 Focused Updates to the Asthma Management Guidelines www.nhlbi.nih.gov/health-topics/asthma-management-guidelines-2020-updates

Resources available at https://getasthmahelp.org/asthma-guidelines.aspx
- 6 Key Messages from Expert Panel Report-3
- Tri-fold Guide
- Classifying Severity, Control, and Stepwise Treatment Guidelines excerpted from Expert Panel Report-3
- Links to validated instruments to assess and monitor asthma. (ATAQ and ACT)
- Links to American College of Allergy, Asthma & Immunology Asthma Yardsticks for help with step up and step down
- Link to Global Initiative on Asthma (GINA) guidelines
### Stepwise Approach for Managing Asthma: Quick Relief Medication for All Aged Patients

#### SABA PRN

**SABA Use for Symptons**
- Day:  <2 days/wk
- Night:  <1x /night

**Medium Dose ICS + PRN**
- Day: 的态度: ≤3x /week
- Night:  ≤3x /week

**High Dose ICS + PRN**
- Day:  >3x /week or many nights
- Night:  >3x /night

#### Stepwise Approach for Managing Asthma

1. **Children 0 to 4 Years**
   - **Components of Control**
     - **Symptoms**
       - Nighttime awakening: ≤2 days/wk
       - Daytime: ≤2 days/wk
     - **Nichot**
       - ≤3x /week
     - **Risk**
       - <1x /week
     - **Exacerbations requiring oral steroids**
       - 0x/4 yrs
   - **Recommended Step for Initiating Treatment**
     - Step 1: Re-evaluate every 2-4 weeks. Consider oral steroids if needed.
     - Step 2: Step up to 1 to 2 steps if needed.

2. **Children 5 to 11 Years**
   - **Components of Control**
     - **Symptoms**
       - Nighttime awakening: ≤2 days/wk
       - Daytime: ≤2 days/wk
     - **Nichot**
       - ≤3x /week
     - **Risk**
       - <1x /week
     - **Exacerbations requiring oral steroids**
       - 0x/6 wks
   - **Recommended Action For Treatment**
     - Maintain current step. Regular follow-up every 6 months.
     - Step 1: Re-evaluate every 2-4 weeks. Consider oral steroids if needed.
     - Step 2: Step up to 1-2 steps if needed.

3. **Youths 12 to 17 Years and Adults**
   - **Components of Control**
     - **Symptoms**
       - Nighttime awakening: ≤2 days/wk
       - Daytime: ≤2 days/wk
     - **Nichot**
       - ≤3x /week
     - **Risk**
       - <1x /week
     - **Exacerbations requiring oral steroids**
       - 0x/6 wks
   - **Recommended Action For Treatment**
     - Maintain current step. Regular follow-up every 6 months.
     - Step 1: Re-evaluate every 2-4 weeks. Consider oral steroids if needed.
     - Step 2: Step up to 1-2 steps if needed.

**Assess Control:** First check adherence, inhaler technique, environmental factors, and comorbid conditions. Step up if needed; reassess in 2-6 weeks. Step down if possible (if asthma is well controlled for at least 3 consecutive months)

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### Children 5 to 11 Years

#### Components of Control

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<thead>
<tr>
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**Recommended Action For Treatment**

- Maintain current step. Regular follow-up every 6 months.
- Step 1: Re-evaluate every 2-4 weeks. Consider oral steroids if needed.
- Step 2: Step up to 1-2 steps if needed.

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### Youths 12 to 17 Years and Adults

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**Recommended Action For Treatment**

- Maintain current step. Regular follow-up every 6 months.
- Step 1: Re-evaluate every 2-4 weeks. Consider oral steroids if needed.
- Step 2: Step up to 1-2 steps if needed.

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### Assess Control

- First check adherence, inhaler technique, environmental factors, and comorbid conditions. Step up if needed; reassess in 2-6 weeks. Step down if possible (if asthma is well controlled for at least 3 consecutive months)

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### Classification of Asthma Severity

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<tr>
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**Recommended Action For Treatment**

- Consider oral steroids if needed.
- Step 1: Re-evaluate every 2-4 weeks. Adjust therapy accordingly.
- Step 2: Step up to 1-2 steps if needed.

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### Classification of Asthma Control

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**Recommended Action For Treatment**

- Maintain current step. Regular follow-up every 6 months.
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