



Guideline
Implementation
Steps & Tools

GetAsthmaHelp.org/GIST

ASTHMA DIAGNOSIS TOOL *Consider the diagnosis of asthma if patient states any of the following:*

- Family history of asthma, allergies or eczema
- Symptoms occur seasonally
- Symptoms when near chemicals, dusts, fumes at work
- Symptoms worsened by URI lasting longer than ten days, smoke, allergens or exercise

AND SPIROMETRY DEMONSTRATES OBSTRUCTION AND/OR REVERSIBILITY BY AN INCREASE IN FEV₁ OF 12% OR MORE AFTER BRONCHODILATOR.

Rule out co-morbid conditions. If in doubt, consult with an asthma specialist.

HIGHEST LEVEL OF CHECKED BOX = SEVERITY LEVEL / FOLLOW SEVERITY LEVEL DOWN TO FIND TREATMENT STEP → SEE TREATMENT STEPWISE APPROACH

	INTERMITTENT	MILD PERSISTENT	MODERATE PERSISTENT	SEVERE PERSISTENT
IMPAIRMENT	<p>SYMPTOMS:</p> <input type="checkbox"/> 2x/week or less	<p>SYMPTOMS:</p> <input type="checkbox"/> More than 2x/week, not daily	<p>SYMPTOMS:</p> <input type="checkbox"/> Daily	<p>SYMPTOMS:</p> <input type="checkbox"/> Throughout the day
RISK	<p>NIGHTTIME AWAKENINGS:</p> <input type="checkbox"/> 2x/month or less	<p>NIGHTTIME AWAKENINGS:</p> <input type="checkbox"/> More than 2x/month	<p>NIGHTTIME AWAKENINGS:</p> <input type="checkbox"/> About 1x/week, not nightly	<p>NIGHTTIME AWAKENINGS:</p> <input type="checkbox"/> More than 1x/week, often nightly
	<p>INTERFERENCE W/NORMAL ACTIVITY:</p> <input type="checkbox"/> None	<p>INTERFERENCE W/NORMAL ACTIVITY:</p> <input type="checkbox"/> Minor limitation	<p>INTERFERENCE W/NORMAL ACTIVITY:</p> <input type="checkbox"/> Some limitation	<p>INTERFERENCE W/NORMAL ACTIVITY:</p> <input type="checkbox"/> Extremely limited
TREATMENT STEP	<p>SHORT-ACTING B₂-AGONIST USE:</p> <input type="checkbox"/> 2 days/week or less	<p>SHORT-ACTING B₂-AGONIST USE:</p> <input type="checkbox"/> More than 2 days/week but not daily or more than 1x/day	<p>SHORT-ACTING B₂-AGONIST USE:</p> <input type="checkbox"/> Daily	<p>SHORT-ACTING B₂-AGONIST USE:</p> <input type="checkbox"/> Several times/day
	<p>LUNG FUNCTION:</p> <input type="checkbox"/> FEV ₁ more than 80% pred.	<p>LUNG FUNCTION:</p> <input type="checkbox"/> FEV ₁ more than 80% pred.	<p>LUNG FUNCTION:</p> <input type="checkbox"/> FEV ₁ 60-80% pred.	<p>LUNG FUNCTION:</p> <input type="checkbox"/> FEV ₁ less than 60% pred.
TREATMENT STEP	<p>EXACERBATIONS REQUIRING ORAL STEROIDS:</p> <input type="checkbox"/> All ages: 0-1/year	<p>EXACERBATIONS REQUIRING ORAL STEROIDS: consider severity and interval since last exacerbation</p> <input type="checkbox"/> Age 0-4: more than 2 in 6 months or more than 4 wheezing episodes/year lasting more than 1 day <input type="checkbox"/> All ages: more than 2/year		
	<p>✓ All ages: STEP 1</p>	<p>• Exacerbations of any severity may occur in patients in any severity category. • Frequency and severity may fluctuate over time.</p>		
TREATMENT STEP		<p>✓ All ages: STEP 2</p>	<p>✓ All Ages: STEP 3; consider short course oral steroids option</p>	<p>✓ Age 0-4: STEP 3; short course oral steroids option</p> <p>✓ Age 5-11: STEP 3; STEP 4 short course oral steroids option</p> <p>✓ Age 12 & over: STEP 4 or 5; short course oral steroids option</p>
		<p>TREATMENT FOR PERSISTENT ASTHMA: ✓ Daily inhaled steroids (see treatment stepwise approach)</p> <p>✓ Assess response within 2-6 weeks</p>		
<p>FOR ALL PATIENTS WITH ASTHMA: <input type="checkbox"/> Rescue medication for all ages, all severity levels: Short-acting B₂-agonist PRN. Treatment intensity depends on symptom severity.</p> <p><input type="checkbox"/> Provide written Asthma Action Plan <input type="checkbox"/> Identify & avoid triggers <input type="checkbox"/> Flu vaccine recommended annually, pneumococcal vaccine for adults <input type="checkbox"/> Review correct device technique each visit</p>				