

## PROVIDER INSTRUCTIONS

### At initial presentation, determine the level of asthma severity

- Level of severity is determined by both impairment and risk and is assigned to the most severe category in which any feature occurs.



### At subsequent visits, assess control to adjust therapy

- Level of control is determined by both impairment and risk and is assigned to the most severe category in which any feature occurs.
- Address adherence to medication, inhaler technique, and environmental control measures.
- Sample patient self-assessment tools for asthma control can be found at <http://www.asthmacontrol.com/index.html>  
<http://www.asthmacontrolcheck.com>



### Stepwise approach for managing asthma:

- Therapy is increased (stepped up) if necessary and decreased (stepped down) when possible as determined by the level of asthma severity or asthma control.

**Asthma severity and asthma control include the domains of current impairment and future risk.**

**Impairment:** frequency and intensity of symptoms and functional limitations the patient is currently experiencing or has recently experienced.

**Risk:** the likelihood of either asthma exacerbations, progressive decline in lung function (or, for children, reduced lung growth), or risk of adverse effects from medication.

## ASTHMA MANAGEMENT RECOMMENDATIONS:

- Ensure that patient/family receive education about asthma and how to use spacers and other medication delivery devices.
- Assess asthma control at every visit by self-administered standardized test or verbal history.
- Perform spirometry at baseline and at least every 1 to 2 years for patients  $\geq$  5 years of age.
- Update or review the Asthma Action Plan every 6 to 12 months.
- Perform skin or blood allergy tests for all patients with persistent asthma.
- Encourage patient/family to continue follow-up with their clinician every 1 to 6 months even if asthma is well controlled.
- Refer patient to a specialist if:
  - there are difficulties achieving or maintaining control OR
  - step 4 care or higher is required (step 3 care or higher for children 0-4 years of age) OR
  - immunotherapy or omalizumab is considered OR
  - additional testing is indicated OR
  - if the patient required 2 bursts of oral systemic corticosteroids in the past year or a hospitalization.

## HOW TO USE THE ASTHMA ACTION PLAN:

### Top copy (for patient):

- Enter specific medication information and review the instructions with the patient and/or family.
- Educate patient and/or family about factors that make asthma worse and the remediation steps on the back of this form.
- **Complete and sign the bottom of the form and give this copy of the form to the patient.**

### Middle copy (for school, childcare, work, etc):

- Educate the parent/guardian on the need for their signature on the back of the form in order to authorize student self-carry and self-administration of asthma medications at school and also to authorize sharing student health information with school staff.
- **Provide this copy of the form to the school/childcare center/work/caretaker or other involved third party. (This copy may also be faxed to the school, etc.)**

### Bottom copy (for chart):

- **File this copy in the patient's medical chart.**

## FOR MORE INFORMATION:

To access the August 2007 full version of the NHLBI Guidelines for the Diagnosis and Treatment of Asthma (EPR-3) or the October 2007 Summary Report, visit <http://www.nhlbi.nih.gov/guidelines/asthma/index.htm>.