



Establish a diagnosis of asthma

- Episodic symptoms are present
- Airflow obstruction is at least partially reversible
- Alternative diagnoses are excluded

Document severity of disease*

- Mild Intermittent
- Mild Persistent
- Moderate Persistent
- Severe Persistent

Prescribe appropriate pharmacologic therapy using a stepwise approach*

Periodically assess and monitor asthma at 1 to 6 month intervals

- Signs and symptoms
- Pulmonary function
- Quality of life
- History of exacerbations
- Pharmacotherapy
- Patient satisfaction

Identify and reduce factors contributing to severity

Give annual influenza vaccine*

Manage exacerbations—early treatment is best strategy

Teach and reinforce asthma self management

- Basic facts about asthma
- Roles of medications
- Equipment use
- Environmental control measures
- When and how to take rescue actions

Give a written action plan based on signs and symptoms and/or PEF*

* Tracked in Community Care audits

Source: "National Asthma Education and Prevention Program Expert Panel Report 2: Guidelines for the Diagnosis and Management of Asthma"

www.nhlbi.nih.gov/guidelines/asthma/asthgdln.pdf

CLASSIFICATION OF ASTHMA SYMPTOM SEVERITY AND THERAPY – AGE > 5

DAYTIME SYMPTOMS	NIGHTTIME SYMPTOMS	SEVERE PERSISTENT	LONG TERM CONTROL	QUICK RELIEF
Continual symptoms Limited physical activity Frequent exacerbations	Frequent	SEVERE PERSISTENT	Daily high dose inhaled steroid AND Long acting bronchodilator +/- oral steroid	Short-acting B2-agonist prn
Daily symptoms Daily use of inhaled short-acting B2 agonist Exacerbations affect activity Exacerbations ≥ 2 times/wk, may last days	≥ 1 night/wk	MODERATE PERSISTENT	Daily low/medium dose inhaled steroid AND Long acting bronchodilator OR Daily low/medium dose inhaled steroid AND Consider leukotriene modifier or theophylline	Short-acting B2-agonist prn
Symptoms >2 /wk but <1 time/day Exacerbations may affect activity	>2 nights/month	MILD PERSISTENT	Daily low dose inhaled steroid OR Daily Cromolyn OR Daily Leukotriene modifier	Short-acting B2-agonist prn
Symptoms ≤ 2 times/wk Asymptomatic and normal PEF between exacerbations Exacerbations brief (hrs-days), variable intensity	≤ 2 nights/month	MILD INTERMITTENT	None	Short-acting B2-agonist prn

CLASSIFICATION OF ASTHMA SYMPTOM SEVERITY AND THERAPY – AGE < 5

DAYTIME SYMPTOMS	NIGHTTIME SYMPTOMS	SEVERITY	CONSIDERATION FOR INFANTS AND CHILDREN <5 YEARS	QUICK RELIEF
<p>Continual symptoms</p> <p>Limited physical activity</p> <p>Frequent exacerbations</p>	<p>Frequent</p>	<p>SEVERE PERSISTENT</p>	<p>Corticosteroids: Inhaled: high dose AND Long acting bronchodilator⁴ AND +/- Systemic steroid only if needed</p>	<p>Short-acting B2-agonist prn</p>
<p>Daily symptoms</p> <p>Daily use of inhaled short-acting B2 agonist</p> <p>Exacerbations affect activity</p> <p>Exacerbations ≥ 2 times/wk, may last days</p>	<p>≥1 night/wk</p>	<p>MODERATE PERSISTENT</p>	<p>Medium dose ICS OR, once controlled Lower dose ICS AND Long acting bronchodilator⁴ OR Lower dose ICS AND Theophylline OR leukotriene modifier</p>	<p>Short-acting B2-agonist prn</p>
<p>Symptoms >2/wk but <1 time/day</p> <p>Exacerbations may affect activity</p>	<p>>2 nights/month</p>	<p>MILD PERSISTENT</p>	<p>Low dose inhaled corticosteroids OR Alternative treatment: cromolyn, leukotriene, nedocromil, OR sustained release theophylline</p>	<p>Short-acting B2-agonist prn</p>
<p>Symptoms ≤ 2 times/wk</p> <p>Asymptomatic and normal PEF between exacerbations</p> <p>Exacerbations brief (hrs-days), variable intensity</p>	<p>≤2 nights/month</p>	<p>MILD INTERMITTENT</p>	<p>None</p>	<p>Short-acting B2-agonist prn</p>