**Good Asthma Care**  
**On a Desert Island . . .**

*These desert island recommendations are essential tasks from the “Four Pillars of Asthma Management.”

If you could only do FOUR THINGS for your asthma patients:

|----------------------------------------|---------------------------------------|-----------------------------------|---------------------------|
| Albuterol use is an indication of symptom frequency, which should also be part of patient history. | Asthma patients should be counseled to avoid or reduce exposure to environmental triggers. | Provide spirometric testing:  
1) At the time of initial assessment.  
2) After treatment is initiated and symptoms and PEF have stabilized.  
3) During periods of progressive or prolonged loss of asthma control.  
4) At least every 1–2 years. | Asthma patients should receive regular visits every 2–6 weeks until well controlled. |
| More than one canister every 2–3 months indicates not well controlled asthma. | Consider allergy testing and referral for immunotherapy if indicated. |  | Then, schedule the patient every 1–6 months to monitor control. |
| More than one canister per month indicates very poorly controlled asthma. |  |  | Step therapy up or down as needed to achieve adequate control. |
| Patients with persistent asthma should be using a long-term controller medication daily. |  |  |  |
| Assess inhaler technique. |  |  |  |

The Four Pillars of Asthma Management

Planned Visits for Asthma Management
- Make a diagnosis of asthma.
- Assess asthma severity.
- Test lung function with spirometry.
- Assess control at every visit.
- Schedule follow-up every 2–6 weeks until well-controlled; then, every 1–6 months to monitor control.
- Provide a written asthma action plan.
- Recommend annual flu vaccine.

Appropriate Use of Asthma Medications
- Daily inhaled corticosteroids are the preferred treatment for persistent asthma.
- Monitor patient’s use of rescue medication.
- Assess patient’s inhaler technique.
- Use stepwise approach to identify appropriate treatment.
- Refer to specialist if cannot achieve or maintain control.

Education for a Partnership in Care
- Provide self-management education.
- Develop self-management goals and an action plan with the patient.
- Encourage self-monitoring.
- Encourage adherence to the action plan.
- Teach and reinforce at every opportunity.

Assessment of Environmental Triggers
- Identify allergen/irritant exposures.
- Assess for smoking or secondhand smoke exposure.
- Provide cessation counseling if needed.
- Perform allergy testing.
- Teach ways to reduce exposure to triggers.
- Consider allergen immunotherapy.

This summary is designed to assist the clinician in the diagnosis and management of asthma and is not intended to replace the clinician’s judgment or establish a protocol for all patients.
This summary and additional clinical tools for treating patients with asthma can be found at http://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/Asthma or call 360-236-3631.
Summary based on the National Heart, Lung, and Blood Institute’s Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma 2007, NIH Publication 07-4051. This tool, adapted from the Colorado Clinical Guidelines Collaborative guidelines summary (www.coloradoguidelines.org) is designed to assist the clinician in the diagnosis and management of asthma and is not intended to replace the clinician’s judgment or establish a protocol for all patients with a particular condition. Additional asthma resources may be found at http://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/Asthma or call 360-236-3631.
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# Assessing Asthma Severity

Table represents asthma severity classifications and treatment steps for each age group. See “Asthma Stepwise Approach” chart for treatment recommendations.

## Intermittent
- **Symptoms:**
  - All ages: ≤2 days/week
- **Nighttime awakenings:**
  - 0-4: None
  - 5 & older: ≤2 times/month
- **Short-acting B2-agonist use:**
  - All ages: ≤2 days/week
- **Interference with normal activity:**
  - All ages: None
- **Lung function:**
  - All ages: Normal FEV₁, between exacerbations; FEV₁ >80% predicted.
  - 5-11: FEV₁/FVC >85%
  - ≥12: FEV₁/FVC normal

## Mild Persistent
- **Symptoms:**
  - All ages: >2 days/week but not daily
- **Nighttime awakenings:**
  - 0-4: 1-2 times/month
  - 5 & older: 3-4 times/month
- **Short-acting B2-agonist use:**
  - 0-11: >2 days/week but not daily
  - ≥12: >2 days/week but not >once/day
- **Interference with normal activity:**
  - All ages: Minor limitation
- **Lung function:**
  - 5-11: FEV₁ >80% predicted; FEV₁/FVC >80%
  - ≥12: FEV₁ >80% predicted; FEV₁/FVC normal

## Moderate Persistent
- **Symptoms:**
  - All ages: Daily
- **Nighttime awakenings:**
  - 0-4: 3-4 times/month
  - 5 & older: >1x/week but not nightly
- **Short-acting B2-agonist use:**
  - All ages: Daily
- **Interference with normal activity:**
  - All ages: Some limitation
- **Lung function:**
  - 5-11: FEV₁ 60-80% predicted; FEV₁/FVC 75-80%
  - ≥12: FEV₁ >60% but <80% predicted; FEV₁/FVC reduced 5%

## Severe Persistent
- **Symptoms:**
  - All ages: Throughout the day
- **Nighttime awakenings:**
  - 0-4: >1 time/week
  - 5 & older: Often 7 times/week
- **Short-acting B2-agonist use:**
  - All ages: Several times/day
- **Interference with normal activity:**
  - All ages: Extremely limited
- **Lung function:**
  - 5-11: FEV₁ <60% predicted; FEV₁/FVC <75%
  - ≥12: FEV₁ <60% predicted; FEV₁/FVC reduced >5%

### Risk
- **All ages:** 0-1 exacerbations requiring oral systemic corticosteroids/year

### Treatment Step
- **All ages:** STEP 1
- **All ages:** STEP 2
- **0-4:** STEP 3; consider short course of oral systemic corticosteroids (OSCS)
  - 5-11: STEP 3, medium-dose ICS option; consider short course of OSCS
  - ≥12: STEP 3; consider short course of OSCS
- **0-4:** STEP 3; consider short course of oral systemic corticosteroids (OSCS)
  - 5-11: STEP 3 (medium-dose ICS option) OR 4; consider short course of OSCS
  - ≥12: STEP 4 OR 5; consider short course of OSCS
### Assessing Asthma Control

Table represents asthma control classifications for each age group. See “Asthma Stepwise Approach” chart for treatment recommendations.

<table>
<thead>
<tr>
<th>Impairment</th>
<th>Well Controlled</th>
<th>Not Well Controlled</th>
<th>Very Poorly Controlled</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Symptoms:</strong></td>
<td></td>
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<tr>
<td>0-4: ≤2 days/week</td>
<td>0-4: &gt;2 days/week</td>
<td>All ages: Throughout the day</td>
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<tr>
<td>5-11: ≤2 days/week but not more than once on each day</td>
<td>5-11: &gt;2 days/week or multiple times on ≤2 days/week</td>
<td>Nighttime awakenings:</td>
<td></td>
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<tr>
<td>≥12: ≤2 days/week</td>
<td>≥12: &gt;2 days/week</td>
<td>0-4: &gt;1 time/week</td>
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<tr>
<td><strong>Nighttime awakenings:</strong></td>
<td></td>
<td>5-11: ≥2 times/week</td>
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<tr>
<td>0-11: ≤1 time/month</td>
<td>5-11: ≥2 times/month</td>
<td>≥12: ≥4 times/week</td>
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<tr>
<td>≥12: ≤2 times/month</td>
<td>≥12: 1-3 times/week</td>
<td><strong>Short-acting B2-agonist use:</strong></td>
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<td><strong>Short-acting B2-agonist use:</strong></td>
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<td></td>
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<td>All ages: Some limitation</td>
<td>All ages: Extremely limited</td>
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<tr>
<td>All ages: None</td>
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<tr>
<td><strong>Lung function:</strong></td>
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<tr>
<td>5-11: FEV&lt;sub&gt;1&lt;/sub&gt; = &gt;80% predicted/personal best; FEV&lt;sub&gt;1&lt;/sub&gt;/FVC = &gt;80%</td>
<td>5-11: FEV&lt;sub&gt;1&lt;/sub&gt; = 60-80% predicted/personal best; FEV&lt;sub&gt;1&lt;/sub&gt;/FVC = 75-80%</td>
<td>5-11: FEV&lt;sub&gt;1&lt;/sub&gt; = &lt;60% predicted/personal best; FEV&lt;sub&gt;1&lt;/sub&gt;/FVC = &lt;75%</td>
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<tr>
<td>≥12: FEV&lt;sub&gt;1&lt;/sub&gt;/peak flow = &gt;80% predicted/personal best; ACT = ≥20</td>
<td>≥12: FEV&lt;sub&gt;1&lt;/sub&gt;/peak flow = 60-80% predicted/personal best; ACT = 16-19</td>
<td>≥12: FEV&lt;sub&gt;1&lt;/sub&gt;/peak flow = &lt;60% predicted/personal best; ACT = ≤15</td>
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<td><strong>Exacerbations requiring oral steroids:</strong></td>
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<tr>
<td>All ages: 0-1 per year</td>
<td>0-4: &gt;3 per year</td>
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<tr>
<td></td>
<td>≥5: ≥2 per year; consider severity and interval since last exacerbation</td>
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**Treatment-related Adverse Effects:**

Medication side effects can vary from none to very troublesome and worrisome. Level of intensity should be considered in the overall assessment of risk.

**Reduction in Lung Growth (ages 5-11)/Progressive Loss of Lung Function (age 12+):**

Evaluation requires long-term follow-up.


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