

MCI PRACTICE GUIDELINE

ASTHMA

Asthma is a chronic inflammatory disease of the airways. This inflammation causes recurrent episodes of wheezing, breathlessness, chest tightness, and cough, particularly at night and in the early morning. **Asthma should be suspected in any patient with two or more episodes of cough or wheezing who is well between episodes.** The following recommendations should be considered in asthma care:

1. Anti-Inflammatory Therapy should be started or increased in patients with:

- **Daytime** symptoms greater than **2 times a week** or
- **Nighttime** symptoms greater than **2 times a month**.
- Exercise induced asthma does not require anti-inflammatory therapy.
- Inhaled corticosteroids are the preferred anti-inflammatory for all ages.

2. All patients should have asthma severity classified (while not on controller meds):

	<u>Intermittent</u>	<u>Mild Persistent</u>	<u>Mod. Persistent</u>	<u>Severe Persistent</u>
Daytime symptoms	≤ 2 x / week	> 2 x / week	daily	continual
Nighttime symptoms	≤ 2 x / month	> 2x/mo	> 1x/wk	frequent
Lung function (PEF or FEV1)	> 80% predicted	> 80% predicted	60-80% predicted	< 60% predicted

3. All patients should have asthma control assessed at each visit.

	<u>Well controlled</u>	<u>Not Well Controlled</u>	<u>Very Poorly Controlled</u>
Daytime symptoms	≤ 2 days / week	> 2 days / week	throughout the day
Nighttime symptoms	≤ 2 x / month	1-3 x / week	≥ 4x / week
Short acting B-agonist use	≤ 2 days / week	> 2 days / week	Several times per day
Normal activity limitation	None	some limitation	extremely limited

4. Most patients with asthma should be given **oral steroids** to keep at home for use if asthma warning signs occur.

- Including patients with Intermittent Asthma.
- Recommended dosages:
 - Adults: Prednisone 40 mg. a day for 3-10 days (or may taper).
 - Children: Prednisone (5mg/5cc) or Prednisolone (5mg/5cc or 15mg/5cc)
Give 1-2 mg/kg/day for 3-10 days.

5. All asthma patients (and families) should have self-management support to include:

- Self Monitoring to assess level of asthma control (symptoms or peak flow)
- Using a written asthma treatment plan (review the differences between long term control and quick-relief medication).
- Taking medication correctly (inhaler and spacer skills)
- Avoiding environmental factors that trigger asthma

6. All asthma patients should have

- A Flu vaccine every fall
- An non-acute office visit at least once a year for Asthma evaluation
- Follow-up in the office soon after an ED visit
- PFT's every 1-2 years

7. All asthma patients aged 19 through 64 years should receive a single does of Pneumococcal Polysaccharide Vaccine (PPV23).

Reference: "Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma", NIH – Oct 2007
ACIP Provisional Recommendations for Use of Pneumococcal Vaccines. December 8, 2008 (www.cdc.gov).

Variation from this guideline is always acceptable if in the opinion of the attending physician individual circumstances require it.