Asthma

Summary of the 2012 NHLBI Asthma Quick Care Reference: Diagnosing and Managing Asthma

Initial Visit (pg. 2)

• Diagnose asthma
• Assess asthma severity
• Indicate medication ad demonstrate use
• Develop written asthma action plan
• Schedule follow up appointment

Follow up visits (pg. 2)

• Assess and monitor asthma control
• Review medication technique & adherence; assess side effects; review environmental control
• Maintain, step up, or step down medication
• Review asthma action plan, revise as needed
• Schedule next follow-up appointment

Key Clinical Activities for Quality Asthma Care (pg. 2)

• Establish asthma diagnosis
  o History of cough, recurrent wheezing, recurrent difficulty breathing, recurrent chest tightness
  o Symptoms occur or worsen at night or with exercise, viral infection, exposure to allergens and irritants, changes in weather, hard laughing or crying, stress, or other factors
  o Use spirometry to determine that airway obstruction is at least partially reversible
• Long term asthma management (pg. 2)
  o Goal: Asthma control
  o Reduce Impairment
    ▪ Prevent chronic symptoms
    ▪ Require infrequent us of SABA
    ▪ Maintain (near) normal lung function and normal activity levels
  o Reduce Risk
    ▪ Prevent exacerbations
    ▪ Minimize need for emergency care, hospitalization
    ▪ Prevent loss of lung function
    ▪ Minimize adverse effects of therapy
  o Use of medications
    ▪ Select medication and delivery devices that meet patient’s needs and circumstances
- Consider patient’s willingness and ability to use the medication
- Review medications, technique, and adherence at each follow-up visit

• Patient education for self-management (pg. 3)
  o Teach patients how to manage their asthma
    ▪ Discuss long term control medications vs. quick relief medications
  o Develop a written asthma action plan
  o Agree on treatment goals
  o Integrate education into all points of care involving interactions with patients

• Control of environmental factors and comorbid conditions (pg. 3)
  o Determine exposure history
  o Recommend multifaceted approaches to control exposures

• Treat comorbid conditions (pg. 3)
  o GERD, OSA, ABPA, obesity, rhinitis, sinusitis, stress, depression
  o Consider inactivated flu vaccine

This guideline summary is not all-inclusive of available guideline content. Please reference the full guideline for comprehensive content.