



ADULT ASTHMA CLINICAL PRACTICE GUIDELINES

The following guideline is applicable for patients 12 and older who have a diagnosis of Asthma.

I. Diagnosis:

- A. History of variable respiratory symptoms including, but not limited to wheeze, cough, shortness of breath
- B. Evidence of variably expiratory airflow limitation

II. Classification: Adult classification of asthma severity

- A. Intermittent: symptoms occur less than twice a week and less than 2 nights/month
- B. Mild Persistent: symptoms occur more than twice a week, but not daily and 3-4 nights/month
- C. Moderate Persistent: daily symptoms, and symptoms occurring more than once a week, but not nightly
- D. Severe Persistent: continuous day and frequent night symptoms

III. Assessment:

- A. Assessment of level of asthma symptom control
 - 1. Frequency of symptoms
 - 2. Night waking due to asthma
 - 3. Reliever needed more than 2 times per week
 - 4. Activity limitations due to asthma
- B. Environmental Factors
 - 1. Allergens
 - 2. Respiratory infections
 - 3. Other exposures
 - a. Tobacco smoke
 - b. Air pollution
 - c. Occupation
 - d. Diet

IV. Treatment:

- A. All Patients
 - 1. Short-acting beta-2-agonist (SABA) for symptom control
 - 2. Patient Education: see preventative measures



3. Consider consulting an asthma specialist for patients with difficult to control symptoms of mild persistent or moderate persistent asthma and all patient with severe persistent asthma

B. Management based on asthma severity:

1. Intermittent asthma: SABA as needed for symptom Control
2. Mild persistent asthma: SABA as needed and daily low-dose inhaled corticosteroid (ICS)
3. Moderate persistent asthma: SABA as needed with medium dose ICS, or low-dose ICS plus long-acting beta agonist (LABA)
4. Severe persistent asthma: SABA as needed with medium-dose ICS plus LABA
5. Severe persistent asthma not controlled: high-dose ICS, LABA, and oral corticosteroid; consider omalizumab for patients who have allergies
6. Consider Leukotriene Receptor Antagonists (LTRAs) when an inhaled steroid can or will not be used, or if the dose cannot be increased.

C. Influenza and/ or Pneumococcal vaccine as appropriate

V. Preventive Measures: Patient Education including information and instruction about:

A. Self-care

1. Signs and symptoms of acute exacerbation and initial action plan
2. Self-monitoring of symptoms and/ or peak flow
3. Self-management strategies to avoid asthma triggers and control asthma
4. Signs and symptoms of respiratory infection
5. Physical Activity, weight management
6. Regular follow up with a health care provider
7. Smoking cessation counseling with or without nicotine replacement therapy

B. Medications

1. Using short-acting beta2-agonist (SABA) prior to exercise to prevent exercise induced bronchospasm
2. Carrying up-to-date medication list
3. Rationale for prescribed medications and their proper usage
4. Proper technique for inhaler and/or spacer use



References

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