

# Multi-colored Simplified Asthma Guidelines Reminder

## Children 5-11 Years of Age (MSAGR-FE) © Revised May 2008

Name: \_\_\_\_\_ Age: \_\_\_\_\_ M F Date \_\_\_\_\_

### Symptoms & Assessment

<b>Symptoms</b>	<input type="checkbox"/> Cough	<input type="checkbox"/> Wheezing	<input type="checkbox"/> Chest tightness	<input type="checkbox"/> SOB
	<input type="checkbox"/> Sputum	<input type="checkbox"/> Nocturnal Cough		
<b>Triggers</b>	<input type="checkbox"/> URI	<input type="checkbox"/> Rhino-Sinusitis	<input type="checkbox"/> Tobacco Smoke	<input type="checkbox"/> Laughing
	<input type="checkbox"/> Crying	<input type="checkbox"/> Cat	<input type="checkbox"/> Dog	<input type="checkbox"/> Bird
	<input type="checkbox"/> Cockroaches	<input type="checkbox"/> Exercise	<input type="checkbox"/> Changes in Weather	<input type="checkbox"/> Mold
	<input type="checkbox"/> Pollution	<input type="checkbox"/> Cold Air	<input type="checkbox"/> House Dust Mites	<input type="checkbox"/> Dust Storn
	<input type="checkbox"/> Windy Day	<input type="checkbox"/> Forest Fire	<input type="checkbox"/> Fireplace/Woodstove	<input type="checkbox"/> GERD
	<input type="checkbox"/> ASA	<input type="checkbox"/> NSAID	<input type="checkbox"/> Emotion/Stress	<input type="checkbox"/> Beta-Blocker
<b>Pattern</b>	<input type="checkbox"/> ACE-Inhibitor	<input type="checkbox"/> Menses	<input type="checkbox"/> Other	
	<input type="checkbox"/> Perennial	<input type="checkbox"/> Seasonal/Episodic	<input type="checkbox"/> Perennial with Seasonal Exacerbation	
<b>Assessment</b>	Alternative Diagnoses are excluded		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Frequency on the usage of short-acting inhaled beta <sub>2</sub> -agonist		<input type="checkbox"/> < 2 days / week	<input type="checkbox"/> >2 /week but <1X /day
	<input type="checkbox"/> Once/daily	<input type="checkbox"/> 2-4 times/day	<input type="checkbox"/> <b>Other medications:</b> (Dosages/Frequency/Duration)	

### Components of Severity Risk Stepwise Approach Based on Asthma Severity

	Day Symptoms Night Symptoms Interference with Normal Activity	FEV1 FEV1/FVC	Exacerbation requiring oral steroids	Controller Agents	Exacerbation of any severity can occur in any severity category ↑ Rescue SABA prn for symptoms relief ↓ Short burst Oral steroid may be needed
Intermittent	≤2 days/wk ≤2x/month None	> 80% > 85%	0-1/yr	Step 1 SABA prn. If patient uses >2x/day (excludes usage for EIB) Initiate Step 2	Short burst Oral steroid may be needed
Mild Persistent	>2x/not daily 3-4x/month Minor	> 80% > 80%	≥ 2/yr	Step 2 PT: Low dose - ICS AT: Cromolyn, LTRA, Nedocromil or Theophylline	
Moderate Persistent	Daily >1x/wk not nightly Some	60% - 80% 75% - 80%	≥ 2/yr	Step 3 PT: Low dose - ICS + either LABA, LTRA or Theophylline or Moderate dose - ICS Step 4 PT: Moderate dose - ICS + LABA AT: Moderate dose - ICS + either LTRA or Theophylline	
Severe Persistent	Throughout the day Often 7x/wk Extremely	< 60% < 75%	≥ 2/yr	Step 5 PT: High dose - ICS + LABA AT: High dose - ICS + either LTRA or Theophylline Step 6 PT: High dose - ICS + LABA + Oral steroid AT: High dose - ICS + either LTRA or Theophylline + Oral steroid	

Consult **allergy specialist** for allergen immunotherapy for patients who have allergic asthma at steps **2** through **4**

Consult with **asthma specialist** if step **4** care or higher is required

Consider consultations with **asthma specialist**

(A) At step **3** care

(B) Any patient required more than **2** burst of oral steroid for asthma exacerbation during the past **year**

(C) If you are not sure with the diagnosis of asthma

Visit website: [www.ttuhsu.edu/elpaso/som/asthma](http://www.ttuhsu.edu/elpaso/som/asthma)  
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Partly supported by Adolescent Services, Las Cruces New Mexico Department of Health, El Paso Allergy & Asthma Coalition and Texas Asthma Coalition

Physical Examination: HT      WT      HR      RR      BP      T<sup>0</sup>      FEV1

HE ENT      LUNGS      FEV-1/FVC

SKIN      HEART

ABDOMEN      EXTREMITIES

OTHERS      MMEF

Comments \_\_\_\_\_

**Use Progress Note For Additional History & Physical Findings/ Comments & Rx**

Diagnosis:     Asthma     Intermittent       Mild Persistent       Moderate Persistent       Severe Persistent

Allergic Rhinitis       Sinusitis       GERD       OTHERS

Treatment Plan

- A. Remove, avoid and/or treat triggers. Provide optimal nasal therapy for patient with allergic rhinitis. Nasal saline wash/topical nasal steroid/antihistamine/decongestant etc,
- B. Provide asthma action plan
- C. Teach inhaler & nebulizer techniques. Seek RT/asthma educator services
- D. Request patient/parent/guardian to check local pollen & mold counts, weather, pollution & ozone report; plan the day accordingly
- E. Controller agents \_\_\_\_\_
- F. Rescue agents \_\_\_\_\_
- G. Schedule regular follow up visits at 1-6 months interval (weekly if necessary) to assess degree of asthma control with ACT (Asthma Control Test). Obtain free copies of ACT from your local pharmaceutical representatives or visit [www.asthmacontrol.com](http://www.asthmacontrol.com)
- H. If asthma is well controlled (asthma severity consistently in intermittent category) for 3 months, consider step down
- I. If asthma is not well controlled, review compliance, inhaler techniques, triggers & management of co-morbidities (Especially rhino-sinusitis & GERD & others), and then consider step up if needed
- J. If asthma is very poorly controlled, follow above step (I) and then consider step up 1-2 steps plus oral steroid
- K. Provide annual influenza vaccination. Consider pneumococcal and or Varicella vaccine if it is clinically indicated
- L. Evaluate treatment related side effects & take appropriate measures
- M. Evaluate loss of lung functions by long-term monitoring of FEV1 & FEV1/FVC ratio

Clinician Name \_\_\_\_\_ Signature \_\_\_\_\_

**Estimated Comparative Daily Dosages For Inhaled Corticosteroids**

Drug	Low Daily Dose	Medium Daily Dose	High Daily Dose
Beclomethasone HFA QVAR®★ 40 or 80 mcg/puff      100 puffs/canister	80-160 mcg	>160-320 mcg	>320 mcg
Budesonide DPI Pulmicort Flexhaler®★ 90 or 180 mcg      60 or 120 puffs/inhaler	180-400 mcg	>400-800 mcg	>800 mcg
Budesonide suspension PULMICORT RESPULES®★ 0.25 mg, 0.5 mg, 1.0 mg/2ml	0.5 mg/day	1 mg/day	2 mg/day
Flunisolide AEROBID®★ 250 mcg/puff      100 puff/canister	500-750 mcg	1000-1250mcg	>1250 mcg
Flunisolide HFA Aerospan®★ 80 mcg/puff      60or120 puffs/canister	160 mcg	320 mcg	>640 mcg
Fluticasone FLOVENT Diskus®★ DPI: 50, 100, or 250 mcg/inhalation      60 puffs/diskus	100-200 mcg	>200-400 mcg	>400 mcg
Fluticasone Flovent HFA®★ MDI: 44, 110, 220 mcg/puff      60 or 120 puffs/canister	88-176 mcg	>176-352 mcg	>352 mcg
Triamcinolone acetonide AZMACORT®★ 75 mcg/puff      240 puffs/canister	300-600 mcg	>600-900 mcg	>900 mcg
Mometasone Furoate DPI ASMANEX®★ 110 mcg/inhalation      30, 60 inhalations/inhaler	100 mcg	100-200 mcg	>200 mcg
Budesonide/Fomoterol SYMBICORT®★ 80 mcg or 160 mcg/ 4.5 mcg      120 puffs/canister	2 puffs bid, dose depends on level of severity or control		
Fluticasone/Salmeterol ADVAIR®★ DPI: 100, 250, 500 mcg/inhalation Fluticasone + 50 mg salmeterol 60 inhalations/diskus	1 inhalation bid, dose depends on severity or control		
Fluticasone/Salmeterol ADVAIR HFA®★ 45, 115, or 230 mcg fluticasone + 21 mcg salmeterol 120 puffs/canister	2 puffs bid, dose depends on level of severity or control		

★ See Prescribing Information (PI) For current FDA Approved Indications & Dosages