

# Multi-colored Simplified Asthma Guidelines Reminder

## Children 0-4 Years of Age (MSAGR-ZF)<sup>©</sup> Revised May 2008

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

### Symptoms Triggers & Assessment

**ICS** is the Preferred Long-term Control therapy in the Stepwise Approach for Children who have the following **Asthma Risk Profile (ARP)**

**(A)** Wheezing > 4 episodes in the past year that lasted > 1 day and affected sleep

Plus **One Major Asthma Risk Profile**

Parental history of Asthma  **or** Physician's Diagnosis of Atopic Dermatitis  **or** Evidence of sensitization to aeroallergens (House dust mite, dog, cat, Alternaria mold & cockroach etc.) Diagnosed by clinical history, skin test or RAST

Or **Two Minor Asthma Risk Profile**

Evidence of sensitization of foods (Milk, eggs or peanuts)  > 4% eosinophilia   
Wheezing apart from colds

- (B)** > 2 exacerbation in 6 months requiring oral steroids  
**(C)** Consistently require Symptomatic treatment with SABA > 2/days per week for > 4 weeks  
**(D)** Consider for use only during periods or seasons, of previously documented risk ( e.g., during seasons of viral respiratory infections).  
 Drug holidays during asymptomatic Periods

Alternative Diagnosis such as Upper airway obstruction  GE reflux  FB Aspiration  CF  BPD  Congenital abnormality  Heart failure  others  are excluded Yes  Clinically not indicated

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

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

\*Treating children with recurrent wheezing with **SABA & oral steroids**, & **labeling** them as "**Reactive Airway Disease (RAD), Wheezy Bronchitis, Asthmatic bronchitis or Recurrent Pneumonia**" is not warranted

\* Avoid giving young children inappropriate prolonged asthma therapy

**Consult Asthma Specialist if you are not sure with the diagnosis of asthma**

Visit website: [www.ttuhsu.edu/el Paso/som/asthma](http://www.ttuhsu.edu/el Paso/som/asthma)  
For Free Download(English and Spanish)

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Adapted from 2007 NHLBI/NAEPP

Physical Examination: HT      WT      HR      RR      BP      T<sup>0</sup>      FEV1  
 HE ENT      LUNGS      FEV-1/FVC  
 SKIN      HEART  
 ABDOMEN      EXTREMITIES      MMEF  
 OTHERS  
 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 Not Validated). 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.
- L. Evaluate treatment related side effects & take appropriate measures

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

**Estimated Comparative Daily Dosages For Inhaled Corticosteroids**

Drug	Low Daily Dose	Medium Daily Dose	High Daily Dose
Budesonide suspension PULMICORT RESPULES® ★ 0.25 mg, 0.5 mg, 1.0 mg/2ml (Approved for 1-8 years of age)	0.25-0.5 mcg/day	>0.5-1.0 mcg/day	>1.0 mcg/day
Fluticasone Flovent HFA®★ (Approved for 4-11 years of age) MDI: 44, 110, 220 mcg/puff      60 or 120 puffs/canister	88-176 mcg	>176-352 mcg	>352 mcg
Mometasone Furoate DPI ASMANEX® ★ (Approved for 4-11 years of age) 110 mcg/inhalation      30, 60 inhalations/inhaler	100 mcg	100-200 mcg	>200 mcg
Fluticasone/Salmeterol ADVAIR®★ DPI: 100, 250, 500 mcg/inhalation Fluticasone + 50 mg salmeterol 60 inhalations/diskus (Approved for >4 years of age)	1 inhalation bid, dose depends on severity or control		
Beclomethasone HFA QVAR® ★ 40 or 80 mcg/puff      100 puffs/canister	 <p><b>See Prescribing Information(PI) for FDA approved Indications &amp; Dosages</b></p>		
Budesonide DPI Pulmicort Flexhaler® ★ 90 or 180 mcg      60 or 120 puffs/inhaler			
Flunisolide AEROBID® ★ 250 mcg/puff      100 puff/canister			
Flunisolide HFA Aerospan® ★ 80 mcg/puff      60or120 puffs/canister			
Fluticasone FLOVENT Diskus®★ DPI: 50, 100, or 250 mcg/inhalation      60 puffs/diskus			
Triamcinolone acetone AZMACORT® ★ 75 mcg/puff      240 puffs/canister			
Budesonide/Fomoterol SYMBICORT®★ 80 mcg or 160 mcg/ 4.5 mcg      120 puffs/canister			
Fluticasone/Salmeterol ADVAIR HFA®★ 45, 115, or 230 mcg fluticasone + 21 mcg salmeterol 120 puffs/canister			

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