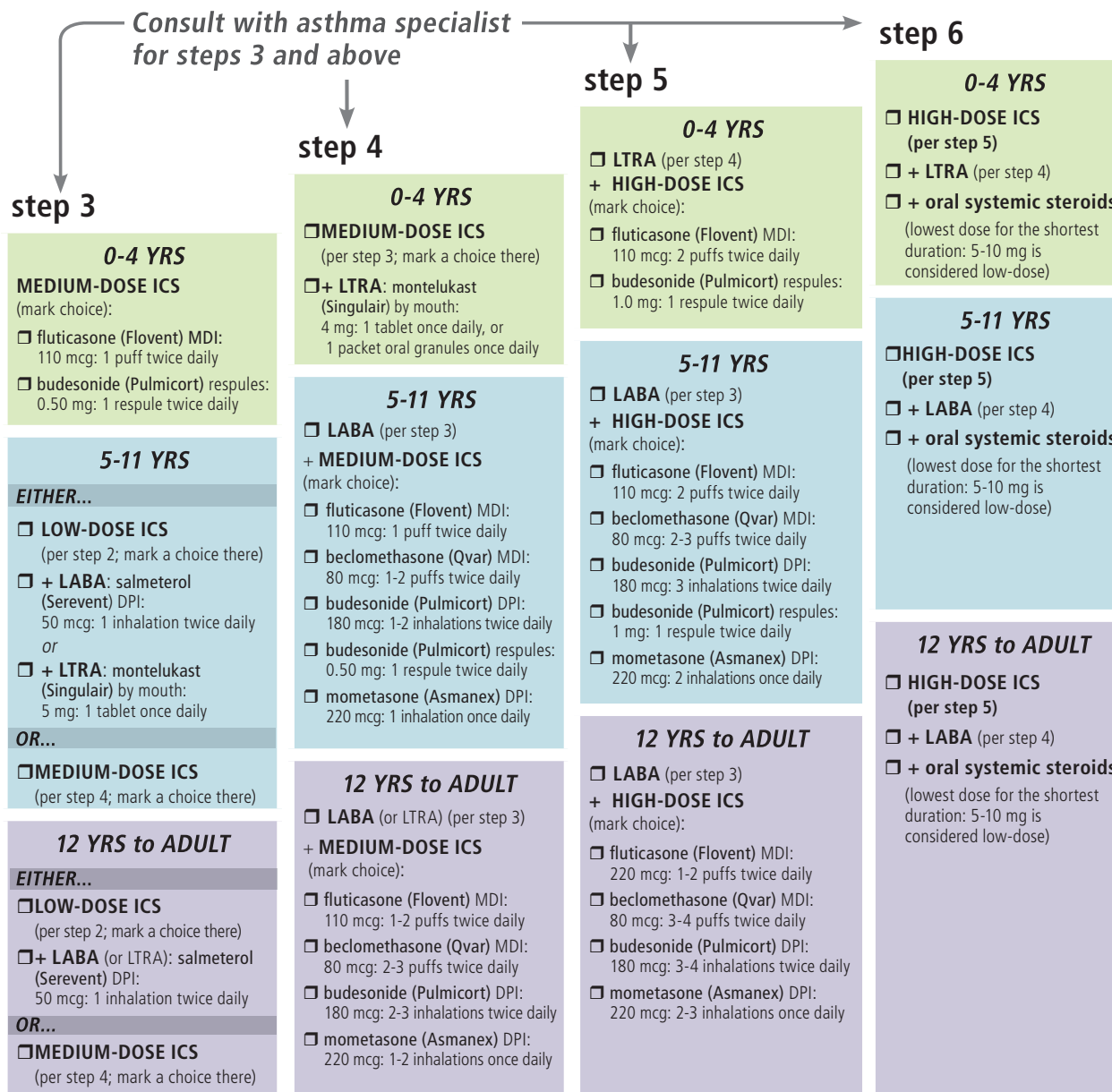


Asthma Stepwise Formulary FOR DAILY CONTROL MEDICATION

2014 QuickGuide to Asthma Control

abbreviations:

- **ICS:** inhaled corticosteroid
- **LABA:** long-acting beta₂-agonist
- **LTRA:** leukotriene receptor antagonist
- **SABA:** short-acting beta₂-agonist



Step 1, all ages:
NO DAILY CONTROL MEDICATION.
SABA as needed in all steps, all ages.

- Check **I**nhaler technique
- Check **C**ompliance
- Check **E**nvironmental history and trigger management

Follow up: Depending on severity, assess asthma control in 2 to 6 weeks after medication is initiated or stepped up. If no clear benefit is observed in 4 to 6 weeks, consider adjusting therapy or alternative diagnoses.

← **Check ICE** before stepping up therapy; also, **if alternative medication** therapy is used and response is inadequate, **switch to preferred treatment** before stepping up.

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for the care of pediatric and adult patients
with established asthma

A tool for ongoing assessment
and treatment adjustment

Inside the QuickGuide...

- Asthma control tables
- Stepwise medication therapy
- Daily dose chart for inhaled corticosteroids (ICS)

Intermountain
Healthcare
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For a comprehensive summary of evidence-based guidelines
for asthma diagnosis and treatment, see Intermountain's
Asthma Care Process Model (CPM) online at
intermountainhealthcare.org/clinicalprograms

Asthma Control tables.

The level of asthma control is based on the most severe impairment or risk category. ALL components — including spirometry — are important for assessing control. See the Asthma Care Process Model (CPM) for a full summary of evidence-based guidelines: intermountainhealthcare.org/clinicalprograms

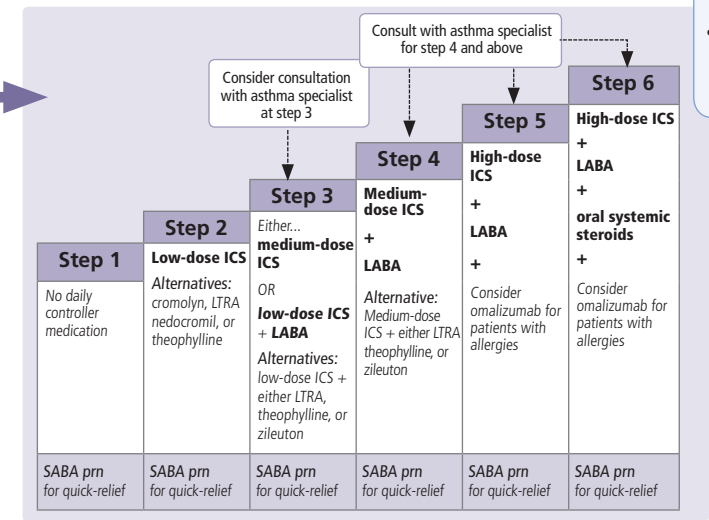
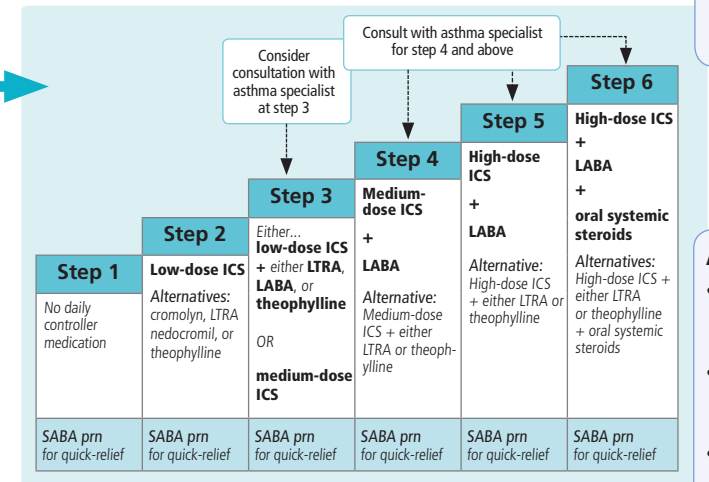
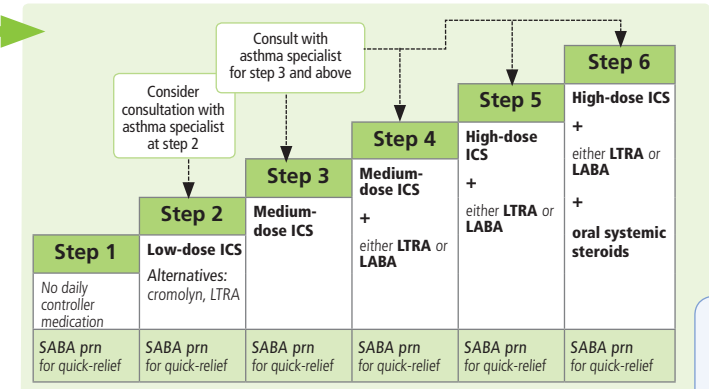
Patients age 0 to 4 years		Asthma CONTROL classifications		
CONTROL components		Well controlled	Not well controlled	Very poorly controlled
Impairment	Symptoms	≤ 2 days/week	>2 days/week	Throughout the day
	Nighttime awakenings	≤ 1 time/month	>1 time/month	>1 time/week
	Interference with normal activity	None	Some limitation	Extremely limited
	SABA use for Sx (NOT EIB-prevention)	≤ 2 days/week	>2 days/week	Several times/day
Risk	Exacerbations requiring oral corticosteroids	0 to 1 time/year	2 to 3 times/year	>3 times/year
	Treatment-related adverse effects	Medication side effects can vary in intensity from none to very troublesome and worrisome. The level of intensity does not correlate to specific levels of control but should be considered in the overall assessment of risk.		
Recommended actions based on level of control		<ul style="list-style-type: none"> Maintain current medication. Reinforce education and trigger management. Follow up every 1 to 6 months. Consider stepping down medication therapy at conclusion of winter viral season if well controlled for at least 3 months. 	<ul style="list-style-type: none"> Step up current medication (one step) and reassess control in 2 to 6 weeks. If no clear benefit in 4 to 6 weeks, consider alternative diagnoses or adjusting therapy. For side effects, consider alternative treatment options. Reinforce education and trigger management. 	<ul style="list-style-type: none"> Consider a short course of oral systemic corticosteroids Step up current medication (one or two steps)* and reassess control in 2 weeks. If no clear benefit in 4 to 6 weeks, consider alternative diagnoses or adjusting therapy. For side effects, consider alternative treatment options. Reinforce education and trigger management

Patients age 5 to 11 years		Asthma CONTROL classifications		
CONTROL components		Well controlled	Not well controlled	Very poorly controlled
Impairment	Symptoms	≤ 2 days/week but not more than once each day	>2 days/week or multiple times on ≤ 2 days/week	Throughout the day
	Nighttime awakenings	≤ 1 time/month	≥ 2 times/month	≥ 2 times/week
	Interference with normal activity	None	Some limitation	Extremely limited
	SABA use for Sx (NOT EIB-prevention)	≤ 2 days/week	>2 days/week	Several times/day
	Lung function/spirometry	<ul style="list-style-type: none"> FEV₁ or peak flow >80% predicted/personal best FEV₁/FVC >80% 	<ul style="list-style-type: none"> FEV₁ or peak flow 60% to 80% predicted/personal best FEV₁/FVC 75% to 80% 	<ul style="list-style-type: none"> FEV₁ or peak flow <60% predicted/personal best FEV₁/FVC <75%
Risk	Exacerbations requiring oral corticosteroids	0 to 1 time/year	≥ 2 times/year	
	Reduction in lung growth	Consider severity and interval since last exacerbation.		
	Treatment-related adverse effects	Evaluation requires long-term follow-up. Possible medication side effects can vary in intensity from none to very troublesome and worrisome. The level of intensity does not correlate to specific levels of control but should be considered in the overall assessment of risk.		
Recommended actions based on level of control		<ul style="list-style-type: none"> Maintain current medication. Reinforce education and trigger management. Follow up every 1 to 6 months. Consider stepping down medication therapy at conclusion of winter viral season if well controlled for at least 3 months. 	<ul style="list-style-type: none"> Step up current medication (one step) and reassess control in 2 to 6 weeks. For side effects, consider alternative treatment options. Reinforce education and trigger management. 	<ul style="list-style-type: none"> Consider a short course of oral systemic corticosteroids. Step up current medication (one or two steps) and reassess control in 2 weeks. For side effects, consider alternative treatment options. Reinforce education and trigger management

Patients age 12 years to adult		Asthma CONTROL classifications		
CONTROL components		Well controlled	Not well controlled	Very poorly controlled
Impairment	Symptoms	≤ 2 days/week	> 2 days/week	Throughout the day
	Nighttime awakenings	≤ 2 times/month	1 to 3 times/week	≥ 4 times/week
	Interference with normal activity	None	Some limitation	Extremely limited
	SABA use for Sx (NOT EIB-prevention)	≤ 2 days/week	>2 days/week	Several times/day
	Lung function/spirometry	FEV ₁ or peak flow >80% predicted/personal best	FEV ₁ or peak flow 60% to 80% predicted/personal best	FEV ₁ or peak flow < 60% predicted/personal best
	Questionnaire (ACT: Asthma Control Test)	ACT score = ≥ 20	ACT score = 16 to 19	ACT score = ≤ 15
Risk	Exacerbations	0 to 1 time/year	≥ 2 times/year	
	Progressive loss of lung function	Evaluation requires long-term follow-up.		
	Possible treatment-related adverse effects	Possible medication side effects can vary in intensity from none to very troublesome and worrisome. The level of intensity does not correlate to specific levels of control but should be considered in the overall assessment of risk.		
Recommended actions based on level of control		<ul style="list-style-type: none"> Maintain current medication. Reinforce education and trigger management. Follow up every 1 to 6 months. Consider stepping down medication therapy at conclusion of winter viral season if well controlled for at least 3 months. 	<ul style="list-style-type: none"> Step up current medication (one step) and reassess control in 2 to 6 weeks. For side effects, consider alternative treatment options. Reinforce education and trigger management. 	<ul style="list-style-type: none"> Consider a short course of oral systemic corticosteroids Step up current medication (one or two steps) and reassess control in 2 weeks. For side effects, consider alternative treatment options. Reinforce education and trigger management

Stepwise medication therapy for asthma

- Initiate stepwise therapy based on severity classification at diagnosis.
- Manage asthma triggers and educate patient/family at each step.
- Adjust therapy based on control tables at left: step up when necessary, step down when possible.



For daily doses of ICS for each age group, see the back of this QuickGuide.

Abbreviations:

- ICS: inhaled corticosteroid
- LABA: long-acting beta₂-agonist;
- LTRA: leukotriene receptor antagonist
- SABA: short-acting beta₂-agonist