

Asthma Management Guidelines

DEPARTMENT: Utilization Management Physician Practice Guidelines**EFFECTIVE DATE: 03/06****DATE LAST REVIEWED: 09/21**

SOURCES: National Asthma Education and Prevention Panel
National Heart, Blood and Lung Institute, Expert Panel Report 3 (EPR3), 2007

RECOMMENDED GUIDELINES:

- 1) Introduction
 - a) Modern asthma management is evidence based and is summarized in the National Asthma Education and Prevention Program Expert Panel Report 3 by the National Institutes of Health, 2007.
 - b) This information is available online at: https://www.nhlbi.nih.gov/sites/default/files/media/docs/EPR-3_Asthma_Full_Report_2007.pdf
 - c) Select Health Network endorses and adopts these guidelines for the care of our asthma patients.
- 2) Goals of Asthma Management
 - a) Relief of symptoms, prevention of disability and mortality
 - b) Normalization of lung function
 - c) Avoidance of Emergency Room visits or hospitalization
 - d) Avoidance of school/work absences
 - e) Avoidance of complications of therapy, especially adverse effects of long-term corticosteroids
 - f) Adequate patient education so that the patient can co-manage the illness with his/her physician
- 3) Routine Management
 - a) Initial Routine H&P
 - b) Pulmonary Function Testing, age appropriate (generally age ≥ 5 yo).
 - c) Patient education: Medication, PEFr monitoring, Asthma Action Plan, appropriate inhaler/nebulizer techniques.
 - d) Medication initiated and monitored per the NAEPP-3 Guidelines (see guidelines at the web site listed above, or contact Select Health Network for a copy)
 - e) Yearly influenza vaccination ≥ 6 months old.
 - f) Pneumococcal vaccination per ACIP guidelines.
 - g) Smoking cessation as indicated. Consideration of secondhand smoke exposure.
 - h) Consider screening laboratory: CBC/diff, IgE level, RAST for specific suspected allergens, chest radiography, if indicated.
- 4) Specialty Referral
 - a) When the diagnosis is in question.
 - b) When the patient becomes unstable or does not respond to therapy as expected.
 - c) When consideration is given to the initiation of therapy outside the Guidelines, or when Xolair (anti-IgE monoclonal antibody) therapy is considered