

**Asthma Management Guidelines****DEPARTMENT: Utilization Management Physician Practice Guidelines****EFFECTIVE DATE: 03/06****DATE LAST REVIEWED: 12/21****SOURCES:** National Asthma Education and Prevention Panel  
National Heart, Blood and Lung Institute, 2020 Focused Updates to the Asthma Management Guidelines: A Report from the National Asthma Education and Prevention Program Coordinating Committee Expert Panel Working Group**RECOMMENDED GUIDELINES:**

- 1) Introduction
  - a) Modern asthma management is evidence based and is summarized in the 2020 Focused Updates to the Asthma Management Guidelines: A Report from the National Asthma Education and Prevention Program Coordinating Committee Expert Panel Working Group
  - b) This information is available online at:  
<https://www.nhlbi.nih.gov/sites/default/files/publications/AsthmaManagementGuidelinesReport-2-4-21.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  $\geq 5$  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  $\geq 6$  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