### Actions

<table>
<thead>
<tr>
<th>Rec</th>
<th>Cond</th>
<th>Act</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>initiating daily long-term control therapy: initiating daily long-term control therapy is recommended</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
<td>initiating daily long-term control therapy: Should be considered</td>
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<tr>
<td>3</td>
<td>3</td>
<td>initiating daily long-term control therapy: Should be considered</td>
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<tr>
<td>4</td>
<td>4</td>
<td>initiating daily long-term control therapy: May be considered</td>
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<tr>
<td>5</td>
<td>5</td>
<td>The Expert Panel recommends daily long-term control therapy</td>
</tr>
<tr>
<td>6</td>
<td>6</td>
<td>therapy should be stepped up if necessary to achieve control</td>
</tr>
<tr>
<td>7</td>
<td>7</td>
<td>Patient adherence and technique in using medications correctly should be assessed and addressed as appropriate</td>
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<tr>
<td>8</td>
<td>8</td>
<td>Other factors that diminish control of asthma impairment should be addressed as possible reasons for poor response to therapy and targets for intervention</td>
</tr>
<tr>
<td>9</td>
<td>9</td>
<td>review adherence to medications and control of environmental exposures</td>
</tr>
<tr>
<td>10</td>
<td>10</td>
<td>review the patient’s written asthma action plan to confirm that it includes oral prednisone for patients who have histories of severe exacerbations</td>
</tr>
<tr>
<td>11</td>
<td>11</td>
<td>consider stepping up therapy to the next level</td>
</tr>
<tr>
<td>12</td>
<td>12</td>
<td>reassess the impairment domain</td>
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</table>

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review adherence to medications and control of environmental exposures

review the patient’s written asthma action plan to confirm that it includes oral prednisone for patients who have a history of severe exacerbations

consider a step up in therapy, especially for children who have reduced lung function

consideration of alternative and/or adjunctive therapies within the step of care the patient is receiving

confirm efforts to control environmental exposures

to an asthma specialist for consultation or comanagement of the patient

Expert Panel recommends referral to an asthma specialist for consultation or comanagement of the patient

recommends referral to an asthma specialist for consultation or comanagement of the patient

Referral

Referral may be considered

a reduction in pharmacologic therapy—a step down—can be considered

therapy should be discontinued

alternative therapies or alternative diagnoses considered

a step down in therapy should be undertaken

SABA taken as needed to treat symptoms

SABA (every 4–6 hours for 24 hours, longer with a physician consult)
consider a step up in long-term care

a short course of oral systemic corticosteroids should be considered

consider initiating oral systemic corticosteroids at the first sign of the infection.

develop a detailed written asthma action plan

Daily long-term control medication at step 2 or above

Consider daily therapy

a course of oral systemic corticosteroids may be necessary

treatment should be discontinued and a change in therapy or alternative diagnoses should be considered

a step down in therapy should be undertaken to the lowest possible doses of medication required to maintain asthma control

discontinue that treatment

use the preferred medication before stepping up therapy

low-dose ICS is the preferred daily long-term control therapy

A trial of montelukast can be considered

increasing the dose of ICS before adding adjunctive therapy

the choice of medication includes consideration of treatment effectiveness
the choice of medication includes the domain of particular relevance to the patient’s asthma (impairment, risk, or both)

Rec_24: Cond_35: Act_45

the choice of medication includes consideration of the individual patient’s history of previous response to therapies,

Rec_24: Cond_35: Act_46

the choice of medication includes consideration of the ability of the patient and family to use the medication correctly

Rec_24: Cond_35: Act_47

the choice of medication includes consideration of anticipated patient and family adherence to the treatment regimen

Rec_24: Cond_35: Act_48

the choice of medication includes consideration of cost

Rec_24: Cond_35: Act_49

short course of oral systemic corticosteroids

Rec_25: Cond_36: Act_50

Consider initiating systemic corticosteroids at the first sign of infection

Rec_25: Cond_37: Act_51

Provide a detailed written asthma action plan

Rec_25: Cond_38: Act_52

consider a course of oral systemic corticosteroids

Rec_26: Cond_39: Act_53

Consider treating as patients who have persistent asthma

Rec_26: Cond_40: Act_54

discontinue it and use a trial of a different add-on therapy before stepping up

Rec_29: Cond_41: Act_55

make persistent attempts to reduce oral systemic corticosteroids

Rec_31: Cond_42: Act_56

FEV1 before and after the patient inhales a short-acting bronchodilator

Rec_32: Cond_43: Act_57

forced expiratory volume in 6 seconds (FEV6) before and after the patient inhales a short-acting bronchodilator

Rec_32: Cond_43: Act_58

FVC before and after the patient inhales a short-acting bronchodilator
<table>
<thead>
<tr>
<th>Rec_32: Cond_43: Act_59</th>
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</thead>
<tbody>
<tr>
<td><strong>FEV1 /FVC</strong> before and after the patient inhales a short-acting bronchodilator</td>
</tr>
<tr>
<td>Rec_32: Cond_43: Act_60</td>
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<tr>
<td><strong>have access to spirometry</strong></td>
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<tr>
<td>Rec_32: Cond_44: Act_61</td>
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<tr>
<td><strong>urther assessment should be performed in a specialized pulmonary function laboratory</strong></td>
</tr>
<tr>
<td>Rec_32: Cond_45: Act_62</td>
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<tr>
<td><strong>the written asthma action plan should use the patient’s personal best peak flow as the reference value</strong></td>
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<tr>
<td>Rec_35: Cond_46: Act_63</td>
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<tr>
<td><strong>referral for consultation or care to a specialist in asthma care</strong></td>
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<td>Rec_36: Cond_47: Act_64</td>
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