

Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma Full Report 2007

Actions

<p>initiating daily long-term control therapy: initiating daily long-term control therapy is recommended</p> <p>Rec_1: Cond_1: Act_1</p>
<p>initiating daily long-term control therapy: Should be considered</p> <p>Rec_2: Cond_2: Act_2</p>
<p>initiating daily long-term control therapy: Should be considered</p> <p>Rec_3: Cond_3: Act_3</p>
<p>initiating daily long-term control therapy: May be considered</p> <p>Rec_4: Cond_4: Act_4</p>
<p>The Expert Panel recommends daily long-term control therapy</p> <p>Rec_5: Cond_5: Act_5</p>
<p>therapy should be stepped up if necessary to achieve control</p> <p>Rec_6: Cond_6: Act_6</p>
<p>Patient adherence and technique in using medications correctly should be assessed and addressed as appropriate</p> <p>Rec_7: Cond_7: Act_7</p>
<p>Other factors that diminish control of asthma impairment should be addressed as possible reasons for poor response to therapy and targets for intervention (</p> <p>Rec_7: Cond_7: Act_8</p>
<p>a step up in treatment may be needed</p> <p>Rec_7: Cond_8: Act_9</p>
<p>review adherence to medications and control of environmental exposures</p> <p>Rec_8: Cond_9: Act_10</p>
<p>review the patient's written asthma action plan to confirm that it includes oral prednisone for patients who have histories of severe exacerbations</p> <p>Rec_8: Cond_9: Act_11</p>
<p>consider stepping up therapy to the next level</p> <p>Rec_8: Cond_9: Act_12</p>
<p>reassess the impairment domain</p> <p>Rec_9: Cond_10: Act_13</p>

review adherence to medications and control of environmental exposures

Rec_9: Cond_10: Act_14

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

Rec_9: Cond_10: Act_15

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

Rec_9: Cond_10: Act_16

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

Rec_10: Cond_11: Act_17

confirm efforts to control environmental exposures

Rec_10: Cond_11: Act_18

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

Rec_11: Cond_12: Act_19

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

Rec_11: Cond_13: Act_20

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

Rec_11: Cond_14: Act_21

Referral

Rec_11: Cond_15: Act_22

Referral may be considered

Rec_11: Cond_16: Act_23

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

Rec_13: Cond_17: Act_24

therapy should be discontinued

Rec_14: Cond_18: Act_25

alternative therapies or alternative diagnoses considered

Rec_14: Cond_18: Act_26

a step down in therapy should be undertaken

Rec_14: Cond_19: Act_27

SABA taken as needed to treat symptoms

Rec_15: Cond_20: Act_28

SABA (every 4–6 hours for 24 hours, longer with a physician consult)

Rec_16: Cond_21: Act_29
consider a step up in long-term care
Rec_16: Cond_22: Act_30
a short course of oral systemic corticosteroids should be considered
Rec_16: Cond_23: Act_31
consider initiating oral systemic corticosteroids at the first sign of the infection.
Rec_16: Cond_24: Act_32
develop a detailed written asthma action plan
Rec_17: Cond_25: Act_33
Daily long-term control medication at step 2 or above
Rec_18: Cond_26: Act_34
Consider daily therapy
Rec_18: Cond_27: Act_35
a course of oral systemic corticosteroids may be necessary
Rec_18: Cond_28: Act_36
treatment should be discontinued and a change in therapy or alternative diagnoses should be considered
Rec_18: Cond_29: Act_37
a step down in therapy should be undertaken to the lowest possible doses of medication required to maintain asthma control
Rec_18: Cond_30: Act_38
discontinue that treatment
Rec_19: Cond_31: Act_39
use the preferred medication before stepping up therapy
Rec_19: Cond_31: Act_40
low-dose ICS is the preferred daily long-term control therapy
Rec_19: Cond_32: Act_41
A trial of montelukast can be considered
Rec_19: Cond_33: Act_42
increasing the dose of ICS before adding adjunctive therapy
Rec_20: Cond_34: Act_43
the choice of medication includes consideration of treatment effectiveness
Rec_24: Cond_35: Act_44

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

Rec_32: Cond_43: Act_59

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

Rec_32: Cond_43: Act_60

have access to spirometry

Rec_32: Cond_44: Act_61

urther assessment should be performed in a specialized pulmonary function laboratory

Rec_32: Cond_45: Act_62

the written asthma action plan should use the patient's personal best peak flow as the reference value

Rec_35: Cond_46: Act_63

referral for consultation or care to a specialist in asthma care

Rec_36: Cond_47: Act_64