

ASTHMA STEPWISE APPROACH: SEVERITY ASSESSMENT / MAINTENANCE GUIDELINES

Adults and Children Older than 5 Years of Age

PREVIOUS SEVERITY: Mild Intermittent Mild Persistent Moderate Persistent Severe Persistent

Clinical Features	Mild Intermittent	Mild Persistent	Moderate Persistent	Severe Persistent
Since Last Assessment (Check Each Category A-D)	<input type="checkbox"/> Symptoms ≤ 2 times a week	<input type="checkbox"/> Symptoms more than 2 times/week but less than 1 time/day	<input type="checkbox"/> Daily Symptoms	<input type="checkbox"/> Continual Symptoms
A. Symptoms * Wheezing * Coughing * Tight Chest * Shortness of Breath	<input type="checkbox"/> Asymptomatic between exacerbations <input type="checkbox"/> Exacerbations are brief		<input type="checkbox"/> Exacerbations 2 or more times a week; may last days	<input type="checkbox"/> Frequent exacerbations
B. Activity Limitations	<input type="checkbox"/> None	<input type="checkbox"/> Activity may cause exacerbations	<input type="checkbox"/> Activity causes exacerbations	<input type="checkbox"/> Limited physical activity
C. Nocturnal Symptoms	<input type="checkbox"/> ≤ 2 times/month	<input type="checkbox"/> > 2 times/month	<input type="checkbox"/> > 1 time/week	<input type="checkbox"/> Frequent
D. Lung Function <small>Today's current peak flow if not in acute distress</small>	<input type="checkbox"/> PEF or FEV ₁ $\geq 80\%$ of predicted or personal best <input type="checkbox"/> Variability $< 20\%$	<input type="checkbox"/> PEF or FEV ₁ $\geq 80\%$ of predicted or personal best <input type="checkbox"/> Variability 20 - 30%	<input type="checkbox"/> PEF or FEV ₁ $> 60\% - < 80\%$ of predicted or personal best <input type="checkbox"/> Variability $> 30\%$	<input type="checkbox"/> PEF or FEV ₁ $\leq 60\%$ of predicted or personal best <input type="checkbox"/> Variability $> 30\%$

The presence of **ONE** of the features of severity is sufficient to place a patient in that category.

LOCATE FURTHEST CHECKED BOXED TO THE RIGHT AND FOLLOW ARROW DOWN FOR MANAGEMENT GUIDELINES

	Mild Intermittent	Mild Persistent	Moderate Persistent	Severe Persistent
	Step 1 Action Plan	Step 2 Action Plan	Step 3 Action Plan	Step 4 Action Plan
GREEN ZONE Control Medication	No Daily Medication	Low Dose Inhaled Corticosteroid or Cromolyn, or Leukotriene modifier, or Nedocromil (adult only).	Low to Medium Dose Inhaled Corticosteroid AND Long-acting Beta2-agonist or Leukotriene modifier. Medium dose Inhaled Corticosteroid alone is acceptable but not preferred.	High Dose Inhaled Corticosteroid AND Long-acting Beta2-agonist
YELLOW ZONE Quick Relief	Inhaled Short-acting Beta2-agonist generally 2 puffs every 4 to 6 hours as needed	Inhaled Short-acting Beta2-agonist generally 2 puffs every 4 to 6 hours as needed	Inhaled Short-acting Beta2-agonist generally 2 puffs every 4 to 6 hours as needed	Inhaled Short-acting Beta2-agonist generally 2 puffs every 4 to 6 hours as needed
Adjust Control Medication	No modifications required. Could add low dose Inhaled Corticosteroid	Generally double Inhaled Corticosteroid	Generally double Inhaled Corticosteroid	Generally double Inhaled Corticosteroid
RED ZONE <small>Use of a Short-acting Beta2-agonist > 2 times a week may indicate need for control medication</small>	Generally 2 puffs Short-acting Beta2-agonist every 20 minutes up to 3X. Severe exacerbations may occur. A course of Systemic Steroids is recommended.	Generally 2 puffs Short-acting Beta2-agonist every 20 minutes up to 3X. With exacerbation consider course of Systemic Steroids.	Generally 2 puffs Short-acting Beta2-agonist every 20 minutes up to 3X. With exacerbation consider course of Systemic Steroids. Consider Consulting Asthma Specialist	Generally 2 puffs Short-acting Beta2-agonist every 20 minutes up to 3X. With exacerbation consider course of Systemic Steroids. CONSULT ASTHMA SPECIALIST

NAME: _____

DATE: _____

DOB: _____

CURRENT SEVERITY: Mild Intermittent Moderate Persistent

Mild Persistent Severe Persistent

SUGGESTED FOLLOW-UP: 1 Month 3 Months 6 Months

1 Year Other _____

Review treatment every 1 to 6 months.

A gradual stepwise reduction in treatment may be possible. In general, the last medication added should be the first medication reduced. Reduce Inhaled Corticosteroids 25% every 2-3 months until the lowest dose required to maintain control is achieved.

If control is not maintained consider step up. First review patient medication technique, adherence, and environmental controls. Consider specialist consult. A course of systemic steroids to reestablish control during periods of gradual deterioration or moderate-to-severe exacerbation may be warranted.