

# ASTHMA DIAGNOSIS TOOL *Consider the diagnosis of asthma if patient states any of the following:*

- Family history of asthma, allergies or eczema
- Symptoms occur seasonally
- Symptoms when near chemicals, dusts, fumes at work
- Symptoms worsened by URI lasting longer than ten days, smoke, allergens or exercise

**AND SPIROMETRY DEMONSTRATES OBSTRUCTION AND/OR REVERSIBILITY BY AN INCREASE IN FEV<sub>1</sub> OF 12% OR MORE AFTER BRONCHODILATOR.**

*Rule out co-morbid conditions. If in doubt, consult with an asthma specialist.*

HIGHEST LEVEL OF CHECKED BOX = SEVERITY LEVEL / FOLLOW SEVERITY LEVEL DOWN TO FIND TREATMENT STEP → SEE TREATMENT STEPWISE APPROACH

	INTERMITTENT	MILD PERSISTENT	MODERATE PERSISTENT	SEVERE PERSISTENT
<b>IMPAIRMENT</b>	<p><b>SYMPTOMS:</b></p> <input type="checkbox"/> Less than 2x/week	<p><b>SYMPTOMS:</b></p> <input type="checkbox"/> More than 2x/week, not daily	<p><b>SYMPTOMS:</b></p> <input type="checkbox"/> Daily	<p><b>SYMPTOMS:</b></p> <input type="checkbox"/> Throughout the day
	<p><b>NIGHTTIME AWAKENINGS:</b></p> <input type="checkbox"/> Less than 2x/month	<p><b>NIGHTTIME AWAKENINGS:</b></p> <input type="checkbox"/> More than 2x/month	<p><b>NIGHTTIME AWAKENINGS:</b></p> <input type="checkbox"/> About 1x/week, not nightly	<p><b>NIGHTTIME AWAKENINGS:</b></p> <input type="checkbox"/> More than 1x/week, often nightly
	<p><b>INTERFERENCE W/NORMAL ACTIVITY:</b></p> <input type="checkbox"/> None	<p><b>INTERFERENCE W/NORMAL ACTIVITY:</b></p> <input type="checkbox"/> Minor limitation	<p><b>INTERFERENCE W/NORMAL ACTIVITY:</b></p> <input type="checkbox"/> Some limitation	<p><b>INTERFERENCE W/NORMAL ACTIVITY:</b></p> <input type="checkbox"/> Extremely limited
	<p><b>SHORT-ACTING B<sub>2</sub>-AGONIST USE:</b></p> <input type="checkbox"/> Less than 2 days/week	<p><b>SHORT-ACTING B<sub>2</sub>-AGONIST USE:</b></p> <input type="checkbox"/> More than 2 days/week but not daily or more than 1x/day	<p><b>SHORT-ACTING B<sub>2</sub>-AGONIST USE:</b></p> <input type="checkbox"/> Daily	<p><b>SHORT-ACTING B<sub>2</sub>-AGONIST USE:</b></p> <input type="checkbox"/> Several times/day
	<p><b>LUNG FUNCTION:</b></p> <input type="checkbox"/> Normal FEV <sub>1</sub> ; FEV <sub>1</sub> more than 80% pred.	<p><b>LUNG FUNCTION:</b></p> <input type="checkbox"/> FEV <sub>1</sub> more than 80% pred.	<p><b>LUNG FUNCTION:</b></p> <input type="checkbox"/> FEV <sub>1</sub> 60-80% pred.	<p><b>LUNG FUNCTION:</b></p> <input type="checkbox"/> FEV <sub>1</sub> less than 60% pred.
<b>RISK</b>	<p><b>EXACERBATIONS REQUIRING ORAL STEROIDS:</b></p> <input type="checkbox"/> All ages: 0-1/year	<p><b>EXACERBATIONS REQUIRING ORAL STEROIDS:</b> consider severity and interval since last exacerbation</p> <input type="checkbox"/> Age 0-4: more than 2 in 6 months or more than 4 wheezing episodes/year lasting more than 1 day <input type="checkbox"/> All ages: more than 2/year		
		<p>• Exacerbations of any severity may occur in patients in any severity category. • Frequency and severity may fluctuate over time.</p>		
<b>TREATMENT STEP</b>	<p>✓ All ages: <b>STEP 1</b></p>	<p>✓ All ages: <b>STEP 2</b></p>	<p>✓ All Ages: <b>STEP 3</b>; consider short course oral steroids option</p>	<p>✓ Age 0-4: <b>STEP 3</b>; short course oral steroids option</p> <p>✓ Age 5-11: <b>STEP 3</b>; STEP 4 short course oral steroids option</p> <p>✓ Age 12 &amp; over: <b>STEP 4 or 5</b>; short course oral steroids option</p>
		<p><b>TREATMENT FOR PERSISTENT ASTHMA:</b> ✓ Daily inhaled steroids (see treatment stepwise approach)</p> <p>✓ Assess response within 2-6 weeks</p>		
<p><b>FOR ALL PATIENTS WITH ASTHMA:</b> <input type="checkbox"/> Rescue medication for all ages, all severity levels: Short-acting B<sub>2</sub>-agonist PRN. Treatment intensity depends on symptom severity.</p> <p><input type="checkbox"/> Provide written Asthma Action Plan   <input type="checkbox"/> Identify &amp; avoid triggers   <input type="checkbox"/> Flu vaccine recommended annually, pneumococcal vaccine for adults   <input type="checkbox"/> Review correct device technique each visit</p>				