Asthma - VIP
(in Adults)

• **BASIC DISEASE UNDERSTANDING:**
  ○ Asthma is a common lung disease caused by narrowing of the airways upon exposure to certain triggers in susceptible individuals.
    • [Asthma At-A-Glance - The Basics - NIH](#)
  ○ Poorly controlled asthma can cause anxiety, depression, fatigue, … as well as life-threatening complications such as:
    • Pneumonia
    • Lung collapse
    • Respiratory failure
    • Premature death
  ○ Classify as **Intermittent** vs **Persistent** → See [Asthma Guidelines](#)
    *(Patients meeting any of criteria for persistent indicators below = Persistent Asthmatic)*
    • Frequency of symptoms (wheezing, coughing, …)
      • Intermittent = 2 days per week or less
      • Persistent = 3 or more days per week
    • Frequency of SABA use (i.e. ventolin, albuterol, …)
      • Intermittent = 2 days per week or less
      • Persistent = 3 or more days per week
    • Frequency of night-time awakenings
      • Intermittent = 2 nights per month or less
      • Persistent = 3 or more nights per month
    • Interference with normal activity
      • Intermittent = no limitation
      • Persistent = any type of limitation
  ○ After treatment initiated, classify as **Well Controlled** vs **UNcontrolled**
    Action Control Test (ACT) → available at MRS WIKI/Forms & Reporting/Questionnaires

• **DISEASE TRIGGERS & SMART CHOICES:**
  ○ Review “Asthma Triggers” section from link below:
    • [Asthma TIPS - NIH](#)
  ○ For **Persistent** Asthma, inquire about prior allergy testing
    [Asthma Allergy Testing FAQs - CDC](#)
**MEDICATIONS & TECHNIQUE:**
- Clarify maintenance therapy vs. rescue therapy
  [Rescue therapy - NIH](#)
- Confirm all persistent asthmatics are on anti-inflammatory maintenance therapy
  If no anti-inflammatory prescribed, bring to the attention of the provider
- Review techniques of peak flow meter, inhalers and nebulizer
  [Asthma Tips - NIH](#)
  [Inhaler Technique Videos - CDC](#)

**WARNING SIGNS & ACTION PLANS:**
- Warning Signs & Symptoms:
  - Asthma symptoms while at rest / waking at night with an attack
  - Yellow or red zone Peak Flow
  - Coughing / wheezing
  - Chest tightness / shortness of breath
  - More frequent use of rescue inhaler (more than 2x per week)
- Review [Asthma Action Plan](#)
- Assure familiarity with selected Asthma Action Form
  [AAP - The Basics](#)
  [AAP - Beyond basics](#)

**FOLLOW-UP & PATIENT RESPONSIBILITY:**
- F/U as indicated per EHR provider notes.
- Asthma-designated provider visit every 6 months (minimum for controlled asthmatics).
- Asthma-designated provider visit up to every 3 months (proactive).
- Asthma-designated provider visit within 1 week for increasing symptoms.
- Peak Flow Meter monitoring → regular monitoring advised for persistent asthmatics.
- Peak Flow Meter Red Zone → seek same day medical attention.
- Assure prior one time Pneumovax on record. If not, bring to attention of provider.
- Consider Spirometry at least every 2 years for intermittent asthmatics.
- Consider Spirometry at least annually for persistent asthmatics.
- Flu Shot annually, every flu season.
- For smokers → [Quit Now VIP (1-800-QUITNOW)](#)

**EDUCATION RESOURCES:**
- Give Asthma-VIP patients printed copies of all “In-Hand Info” available on Wiki
- Provide following links to patient’s personal email:
  [AAP - The Basics (wallet-size)](#)
  [Manage your asthma - Beyond basics - Harvard](#)
  [Asthma Guide - Far Beyond Basics - NIH](#)
  [Asthma Tips - NIH](#)
REFERENCES:
Asthma Care reference - NIH
Asthma Review for patients - UPMC