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| **ASSESSING ASTHMA CONTROL**  For Patients on an Inhaled Steroid Controller and adherent to that controller 5 of 7 days in a week.  **FIRST ASK: Medication Adherence – how many days in the past month has your child missed taking their controller medication (e.g. Flovent, Asmanex, QVAR, Symbicort), if missed more than 2 days per week on average - use severity assessment chart instead.**  Use ICS Dosing Chart to determine previously diagnosed asthma severity based on prescribed controller medication dose.  Determine level of CONTROL according to patient’s **age & most serious risk or impairment feature.**  **ASK:**  **Risk**: how many times in the last 12 months did your child take a steroid medicine like Prednisolone, Prednisone, Dexamethasone, Solumedrol?  **Impairment**: In the last month not counting this illness: how many days a week did your child have asthma symptoms (cough, wheeze, SOB), how many times in a month did they wake up at night with symptoms, how many times a week did they use their rescue medicine (albuterol) not including pre-exercise, and how much did their asthma interfere with their normal activities – able to go to school, play, etc. | | | | | | | |
| **Age Group** | **Risk** | **Impairment** | | | | **Level of control** | **Recommended Treatment** |
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|  | **Exacerbations Requiring Steroids** | **Daytime Symptoms** | **Night-time Awakenings** | **Use of Albuterol for Symptom Relief** | **Interference with Normal Activity** |  | **Use Stepwise Chart on back** |  |
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| **0-4 Years** | 0-1 in the last year | <2 days/ week | <1x/month | <2 days/week | None | Well Controlled | Maintain current treatment |  |
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| > 2 in the last year | >2 days/ week | >1x/ month | >2 days/week | Some limitation | Not Well Controlled | Step up by 1 step & Consult Pulmonary |  |
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| Throughout the day | >1x/week | Several x/day | Extremely limited | Very Poorly Controlled | Step up by 1 – 2 steps & Consult Pulmonary |  |
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| **5-11 Years** | 0-1 in the last year | <2 days/ week not >1x/day | <1x/month | <2 days/week | None | Well Controlled | Maintain current treatment |  |
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| > 2 in the last year | >2 days/ week or multiple times on <2 days/week | > 2x/month | >2 days/week not daily | Some limitation | Not Well Controlled | Step up by 1 step & Consult Pulmonary |  |
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| Throughout the day | >2x/week | Several x/day | Extremely limited | Very Poorly Controlled | Step up by 1 – 2 steps & Consult Pulmonary |  |
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| **12 Years to Adult** | 0-1 in the last year | < 2 days/week | < 2x/month | <2 days/week | None | Well Controlled | Maintain current treatment |  |
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| > 2 in the last year | >2 days/week | 1-3x/week | >2days/week | Some limitation | Not Well Controlled | Step up by 1 step & Consult Pulmonary |  |
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| Throughout the day | >4x week | Several x/day | Extremely limited | Very poorly controlled | Step up by 1 – 2 steps & Consult Pulmonary |  |
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