### HIGH RISK

**SUGGESTED EMERGENT CONSULTATION**

**SYMPTOMS AND LABS**

**SYMPTOMS:** Repeated hospital admissions for exacerbations
- Multiple urgent care or ED visits
- Intensive care unit admission for an asthma exacerbation

**EXAM:** Persistent wheezing when well

**LABS:** Pulmonary function testing demonstrating moderate to severe obstruction while on controller therapy

### MODERATE RISK

**SUGGESTED CONSULTATION OR CO-MANAGEMENT**

**SYMPTOMS AND LABS**

**SYMPTOMS:** Difficulty maintaining asthma control
- Child 0-4 yrs old requiring step 3 therapy
- Child 5-11 requiring step 4 therapy
- Any hospitalization for asthma
- Considering immunomodulatory therapy
- Considering additional tests to make specific diagnosis

**CONSIDER CONSULTATION:** Child 0-4 yrs old requiring step 2 therapy
- Child 5-11 requiring step 3 therapy

**EXAM:** Recurrent wheezing or prolonged exhalation when ill

**LABS:** Pulmonary Function testing with mild to moderate persistent obstruction

### LOW RISK

**SUGGESTED ROUTINE CARE**

**SYMPTOMS AND LABS**

**SYMPTOMS:** Easy to control asthma
- Age 0-4 years, step 1 therapy
- Age 5-11 years, step 2 therapy or lower

**EXAM:** Normal exam

**LABS:** Normal pulmonary function testing

### SUGGESTED PREVISIT WORKUP

**RECOMMEND:** Urgent consults are to prevent life threatening exacerbations of asthma

Calling the pharmacy to confirm that the patient is filling the prescribed medications can be informative

### SUGGESTED WORKUP

**RECOMMEND:** Calling the pharmacy to confirm the patient is filling the prescribed medications can be informative

Strongly consider referral to pediatric pulmonology

### SUGGESTED MANAGEMENT

**RECOMMEND:** Initiating a daily controller medication for repeated episodes of wheezing with illnesses that responds to a bronchodilator is recommended to prevent loss of lung function (Martinez et al. 1995; Morgan et al. 2005) and to decrease disease burden and the frequency of exacerbations (Guilbert et al. 2006)

Confirm, with teach-back, that patient can use inhalers

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### CLINICAL PEARLS

- A spacer should be used with every metered dose inhaler for all patients who use them regardless of age.
- A metered dose inhaler with appropriate dosing is just as effective as a nebulizer for albuterol administration (Pediatrics 2000; 106 (2); 311-31).
- Daily inhaled steroids provides better relief from asthma symptoms than intermittent controlled steroids (Cochrane Database Systematic Rev 2013; 2 /Respiratory Medicine 2013; 107 (8); 1133-1140).

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These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.