

Quality Asthma Care—10 Key Clinical Activities*

Components of Care	Key Clinical Activities	Action Steps
Assessment and monitoring	1. Establish asthma diagnosis	<p>Establish symptom pattern and history of recurrent episodes.</p> <p>Document reversible airflow using spirometry.</p> <p>Rule out other conditions.</p>
	2. Classify severity of asthma	Follow the NAEPP classification system--severe persistent, moderate persistent, mild persistent or mild intermittent--recheck at every visit.
	3. Schedule routine follow-up care	<p>See patients at least every 1-6 months according to severity. Perform spirometry at least every 1-2 years for the stable patient, more often for the unstable patient.</p> <p>Each visit: review medication use, care plan and self-management skills.</p>
	4. Assess for specialty care referral	Refer to specialty care when referral criteria are met.
Control of factors contributing to asthma severity	5. Recommend measures to control asthma triggers	<p>Determine exposures and sensitivities, including environmental and occupational triggers.</p> <p>Review ways to reduce exposure to allergens and irritants that provoke asthma symptoms.</p> <p>Discuss smoking avoidance with every patient who smokes or is exposed to environmental tobacco smoke.</p> <p>Assess for exercise-induced bronchoconstriction if symptoms occur during exercise, and give medication and advice to enable physical activity.</p>
	6. Treat or prevent co-morbid conditions	<p>Consider rhinitis, sinusitis, gastroesophageal reflux disease (GERD) or chronic obstructive pulmonary disease (COPD).</p> <p>Provide annual influenza vaccination for patients with persistent asthma.</p>
Pharmacotherapy	7. Prescribe medications according to severity	<p>Reduce inflammation in patients with persistent asthma with anti-inflammatory medications.</p> <p>Increase medications if necessary; decrease when possible.</p> <p>Provide appropriate medication delivery and monitoring devices.</p> <p>Recommend spacers, nebulizers, or both if needed and consider peak flow meter for patients with moderate to severe asthma or a history of severe asthma exacerbations.</p>
	8. Monitor use of β 2-agonist drugs	Reevaluate patients using >1 canister per mo. of short-acting β 2-agonist drug.
Education for partnership in care	9. Develop a written asthma management plan.	<p>Agree on therapy goals.</p> <p>Outline daily treatment and monitoring measures.</p> <p>Prepare an action plan to handle worsening symptoms or exacerbations.</p>
	10. Provide routine education on patient self-management	<p>Teach/review:</p> <ul style="list-style-type: none"> • How and why to take long-term control and quick-relief medications • Correct technique for inhaler, spacer, peak flow meter, and nebulizer as indicated • Peak flow/symptom monitoring with patients when appropriate • Factors that worsen asthma and actions to take.

*Adapted from “Key Clinical Activities for Quality Asthma Care—Recommendations of the National Asthma Education and Prevention Program, Table 1”: NAEPP in partnership with the National Heart, Lung and Blood Institute, 2003.