# Pediatric Asthma Guideline Checklist Clinicians Level 1



## The current state of the issue

Asthma is the most common chronic disease among children, with many potential risk factors including smoking, obesity, family history, and environmental triggers, and adverse childhood experiences.<sup>12</sup> In Washington state nearly 120,000 youth have been diagnosed with asthma.<sup>3</sup> Over one year in Washington state, 28% of youth with asthma lacked routine healthcare visits, and one in five visited an emergency room to manage asthma symptoms.<sup>4</sup> Poor control of asthma can lead to chronic absenteeism and affect the academic success of children. Frequently, the burden of asthma in the United States falls disproportionately on Black, Hispanic, and American Indian/Alaska Native people.<sup>5</sup>

## **Clinical Setting**

Appropriately establish an accurate asthma diagnosis according to NHLBI Guidelines:

Determine that signs and symptoms of recurrent reversible airway obstruction are present based on history and exam. Consider other causes of obstruction.

- For children over 5 years old: In addition to patient history, use spirometry to determine lung function. Rule out other potential conditions that can cause asthma-like symptoms such as respiratory tract infections.
- In absence of other diagnostic tests (spirometry), determine if symptoms respond to albuterol.

For children under 5 years old: rely on information from the patient and caregiver. Diagnostic tests are not accurate for children under 5.

- If asthma appears to be triggered by environmental allergies, recommend allergy skin testing or blood testing for allergies.
- Consider referral to a specialist (pediatric pulmonologist, allergist, asthma specialist) if diagnosis or testing is unclear.

Assess asthma severity (impairment and risk) and control according to most recent NHLBI guidelines:

- Assess severity at initial asthma visit and reassess severity and control at least annually at a asthma preventive visit.
- Include assessment for comorbid conditions and/or environmental exposures.
  - Include assessment of proper medication administration technique, suitability of asthma action plan, patient adherence, and patient/caregiver concerns.
  - Provide medication management for appropriate asthma severity and control.

Provide medication management for appropriate asthma severity and control:

Implement a medication plan for asthma management according to the severity of patient's asthma.

- Initiate corticosteroid and rescue treatment as appropriate. Consider dry powder
  - inhalers (DPIs) for older children and teens who can tolerate DPIs. Follow the 2020 updates to NHLB guidelines for treatment using inhaled
  - corticosteroids (ICS) and short-acting beta2-agonists (SABA).
- Offer spacers to patients with meter-dose inhalers.

Open a guided dialogue with parents and caregivers about the patient's spacer needs for settings including daycare, schools, multiple parent's houses, or more.

- Educate patients and caregivers about the use and cleaning of spacers.
- Educate and offer seasonal flu vaccination.

Provide asthma education that includes trigger mitigation, and appropriate use of medication:

Educate patients and caregivers on self-management and trigger reduction.

Promote smoking cessation and offer interventions to reduce exposure to second-hand smoke from tobacco, vape products, and cannabis.

## Home and School Setting Coordination

Provide asthma patients with a prescription for an inhaler and a spacer, as well as a second inhaler and spacer for school use.

## Model for communication across health care stakeholders



### Resources

- The Bree Report on Pediatric Asthma is meant to supplement these resources.
- Full Bree Report on Pediatric Asthma: https://www.qualityhealth.org/bree/wpcontent/uploads/sites/8/2023/01/Bree-Pediatric-Asthma-Report-Final.pdf
- National Asthma Education and Prevention Program: https://www.nhlbi.nih.gov/science/nationalasthma-education-and-prevention-program-coordinating-committee-naeppcc CDC's Community Preventative Service Task Force-Asthma Control:
- https://www.thecommunityguide.org/media/pdf/Asthma-Home-Based-Children.pdf
- Washington State's Asthma Management in Educational Settings Guide: https://ospi.k12.wa.us/sites/default/files/public/healthservices/pubdocs/asthmamanual.pdf
- Asthma and Allergy Foundation of America: https://aafa.org/asthma-allergy-research/ourresearch/climate-health/

#### Read the full Bree Report on Pediatric Asthma online by scanning the QR code:



#### Connect with the Bree Collaborative at bree@qualityhealth.org

trics. https://doi.org/10.3389/fped.2018.00186. WA 2. Department of Health. (2010). Children and Youth with ChildAsthmaFactSheet.pdf. 3. WA Department of Health. (2022). Asthma Data https://www.dotwa.gov/dataandstatisticaleports/diseasesandchronicconditions/asthmadata. 4. Washington State Department of Health. 2013. The Burden of Asthma in Washington State Accessed August 2022. Available. https://dotwa.gov/jstes/default/files/legacy/Documents/Pubs/J45-240- AsthmaBurdenRept13.pdf 55. Asthma and Allergy Foundation of America. 2020. Asthma Disparities in America: A Roadmap to Reducing Burden on Racial and Ethnic Minorities. Aafa.org. Accessed June 2022. Available: https://www . waafa.org/media/2743/asthma-disparities-in-am erica-burden-on-racial-ethnic-minorities of