

Pediatric Asthma Guideline Checklist

Clinicians
Level 2



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.^{1,2} In Washington state nearly 120,000 youth have been diagnosed with asthma.³ 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.⁴ 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.⁵

Clinical Setting

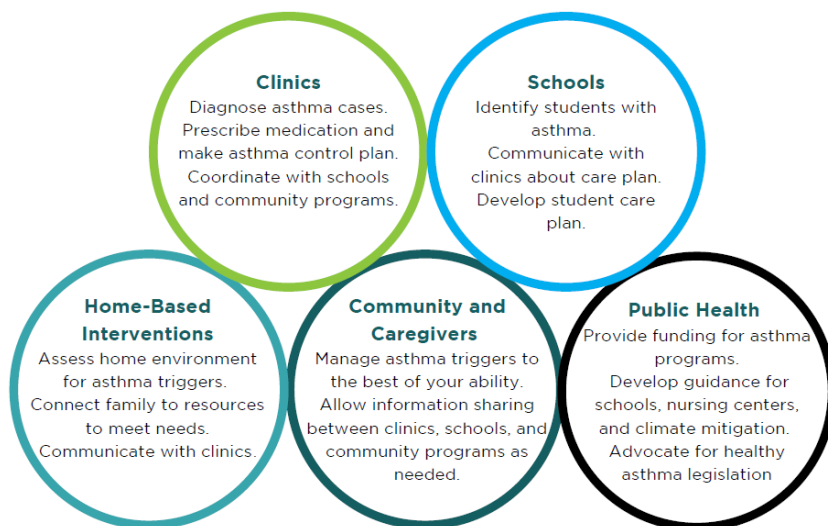
Schedule planned preventative visits for asthma control at least annually.

- ☐ Implement the Asthma Control Test to determine the patient's level of asthma control at every visit.
 - ☐ If available, complete spirometry tests to assess lung function.
 - ☐ Modify medication management if asthma is not under control.
 - ☐ Develop, revise, and implement an asthma action plan for sick day management.
 - ☐ Educate and offer seasonal flu vaccination.
 - ☐ Schedule follow up as needed for further education or if asthma is not in control.
 - ☐ Telehealth visits may be appropriate for follow-up and asthma education.

Home and School Setting Coordination

- ☐ Communicate asthma medication plan and action plan with external partners and the broader care team including school nurses and community health workers.

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/wp-content/uploads/sites/8/2023/01/Bree-Pediatric-Asthma-Report-Final.pdf>
- National Asthma Education and Prevention Program: <https://www.nhlbi.nih.gov/science/national-asthma-education-and-prevention-program-coordinating-committee-naepccc>
- 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/our-research/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

References: 1. Ferrante, G., & Grutta, S. 2018. The Burden of Pediatric Asthma. Frontiers of Pediatrics. <https://doi.org/10.3389/fped.2018.00186>. WA 2. Department of Health. (2010). Children and Youth with Asthma: Washington State 2009-2010. <https://www.doh.wa.gov/Portals/1/Documents/Pubs/345-305-ChildAsthmaFactSheet.pdf>. 3. WA Department of Health. (2022). Asthma Data <https://www.doh.wa.gov/dataandstatisticalreports/diseasesandchronicconditions/asthma>. 4. Washington State Department of Health. 2013. The Burden of Asthma in Washington State. Accessed August 2022. Available: <https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/345-240-AsthmaBurdenRept13.pdf> 5.5 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.aafa.org/media/2743/asthma-disparities-in-america-burden-on-racial-ethnic-minorities.pdf>