

# Primary Care Management of Pediatric and Adult Asthma Patients

## Initial visit

**History: Key Indicators for diagnosis of Asthma**

- Wheezing
- History of the following:
  - Cough, particularly worse at night
  - Recurrent wheeze
  - Recurrent difficulty breathing
  - Recurrent chest tightness
- Symptoms occur or are worse in the presence of :
  - Exercise
  - Viral infections
  - Animals with fur or hair
  - House dust mites, mold
  - Pollen, changes in weather
  - Strong emotions (laughing, crying)
  - Airborne chemicals or dust, smoke
  - Menstrual cycles
- Symptoms occur or worsening at night, awakening the patient

**Physical exam:** include vitals, HEENT, pulmonary and cardiac exam  
**Spirometry if ≥ 5 years of age**  
 PEF if unable to perform a spirometry  
 POX if needed

- Plan:**
- Provide asthma education
    - Discuss basic facts about asthma
    - Discuss role of medications
    - Identify triggers
    - Create Asthma Action Plan
    - Teach inhaler technique
    - Help patient recognize early symptoms and signs of worsening asthma
  - Consider Asthma Home care program (Michigan Visiting Nurse) referral
  - If smoker, consider referral to Tobacco Consultation Services
  - Administer Flu shot (September –April)
  - Administer Pneumovax if ≥ 19 years of age.  
 Revaccinate if ≥65 years of age if ≥ 5 years have passed since last vaccination

**Determine level of control**

- Step up or down with medications (See UMHS Asthma Guidelines)
- Consider referral to specialist

**Schedule Return visit**

**Well Controlled**  
 in  
**1-6 months**

**Not Well Controlled**  
 in  
**2-6 weeks**

**Very Poorly Controlled**  
 in  
**2-3 weeks**

## Follow-Up

- History:**
- Assess asthma control using Asthma Control Test (ACT)
  - Review asthma education
    - Assess medication adherence
    - Review inhaler (with spacer) technique
    - Review triggers
  - Review vaccines (Flu/Pneumovax when applicable)

**Physical exam:** include vitals, HEENT, pulmonary and cardiac exam  
**Spirometry if ≥5 years of age**

- If previously had symptoms and low PF readings
- If progressive or prolonged poor Asthma control
- Every 6 months throughout the patient’s lifetime

PEF if unable to perform spirometry  
 POX if needed

- Plan:**
- Provide asthma education
    - Discuss basic facts about asthma
    - Discuss role of medications
    - Identify triggers
    - Teach inhaler technique
    - Help patient recognize early symptoms and signs of worsening asthma
    - Modify / update asthma action plan as indicated or on annual basis
  - Consider Asthma Home care program (Michigan Visiting Nurse) referral
  - If smoker, consider referral to Tobacco Consultation Services
  - Administer Flu shot (September –April)
  - Administer Pneumovax if ≥ 19 years of age.  
 Revaccinate if ≥65 years of age if ≥ 5 years have passed since last vaccination