
NIH Publication

*Guidelines for the Diagnosis and Management of Asthma*

Key Educational Messages: Teach and Reinforce at every opportunity

Goal is asthma control:
- Prevent chronic symptoms, require infrequent use of short-acting beta2-agonist,
maintain near normal lung function and normal daily activity level.
- Prevent exacerbation, minimize need for emergency care/hospitalization, prevent
loss of lung function

**Four Components of Care**

**Monitoring**
Asthma is highly variable over time, and periodic monitoring is essential. Suggest referral to physician or asthma educator.

- Verify patient has ongoing follow-up for asthma control.
- Verify patient has an asthma action plan.

**Education**
Teach and reinforce asthma management skills at all points of care. Suggest referral to physician or asthma educator.

- Verify patient is aware of asthma triggers.
- Verify patient is aware of asthma disease process.
- Verify patient aware of signs and symptoms of exacerbation.

**Control Triggers and Comorbid Conditions**
Recognition and control of conditions will improve asthma control. Suggest referral to physician or asthma educator.

- Verify patient practices environmental control strategies.
- Verify patient has treatment plan for all comorbid conditions, specifically gastroesophageal reflux
disease, obesity, obstructive sleep apnea, rhinitis and sinusitis, and stress/depression.
- Verify patient receives flu shot and pneumonia shot as appropriate.

**Medications**
Primary step in asthma management is medication compliance and proper administration. Suggest referral to physician or asthma educator.

- Verify patient knows name of asthma medications.
- Verify patient understands rationale for each medication.
- Verify proper inhaler technique
  Metered dose inhaler with spacer/vlaved-holding chamber
  Diskus haler
  Turbohaler
  Flexhaler
- Verify proper nebulizer use.
- Verify proper cleaning of inhalers and nebulizer