Guideline:  General Principles for the Diagnosis and Management of Asthma

Released:  July 2016

Updated recommendations:

Assessment and Monitoring
Obtain spirometry (FEV₁, FEV₆, FVC, FEV₁/FVC) to confirm control after symptoms have stabilized; and, at least every 1-2 years, more frequently for not well-controlled asthma.

Education
Develop written asthma action plan in partnership with patient/family/caregiver. Update annually, more frequently if needed.

Control environmental factors and comorbid conditions
Recommend measures to control exposures to allergens, tobacco smoke, pollutants, or other irritants (dust, mold) that make asthma worse.

Inactivated influenza vaccine for all patients over 6 months of age unless contraindicated. Do not use intranasal influenza vaccine.

Give 23-valent pneumococcal polysaccharide vaccine (PPSV23) age 19 and older (age 2-18 if using high-dose oral steroids).

Referral
Consider referral to an asthma specialist for consultation or co-management if there are difficulties achieving or maintaining control (see national age-specific guidelines), immunotherapy omalizumab is considered, additional testing is indicated, or, if the patient required 2 bursts of oral corticosteroids in the past year or a hospitalization.


This alert provides a brief summary of updated recommendations. Refer to the complete guideline for all recommendations and level of evidence.