

**Inclusion Criteria:**

- Asthma suspected based on the presence of cough, wheeze, shortness of breath, chest tightness
- Known diagnosis of asthma or currently on asthma regimen

Hypoxemia or respiratory distress?

Send to ED

YES

NO

**Targeted History and Physical Exam:**

- Perform targeted history (nighttime and daytime symptoms, albuterol use for symptom control, asthma interference with normal activity, exacerbations requiring systemic steroids)
- Perform targeted physical exam
- Obtain spirometry for children over 6 years of age at diagnosis and/or if asthma is poorly controlled (if in-office spirometry is not available, refer to CT Children's Pulmonary Function Lab: 860-545-9447)

**Initial Management:**

CT Children's strongly recommends the use of **Easy Breathing®**, an asthma management program for primary care clinicians (<https://www.connecticutchildrens.org/community-child-health/community-child-health-programs/asthma-center/easy-breathing>)

- Determine chronic asthma severity and level of control
- Create or update asthma home treatment plan to match severity of disease
  - Any persistent disease should be treated with a daily inhaled corticosteroid (ICS) or ICS/LABA
  - A written asthma treatment plan should be provided to the patient and family
  - Provide education regarding the proper inhaler technique and avoidance of environmental triggers (see handouts in English and Spanish, and this link for infant mask and spacer use)
  - For patients with poor control and/or severe disease, screen for behavioral health concerns (i.e. depression, anxiety, ADHD)
  - Assess if family has any unmet needs (Social Determinants of Health Screen) and refer to Center for Care Coordination as indicated

Presence of **any** of the following?  
severe persistent asthma, poorly controlled asthma despite appropriate therapy, atypical signs and symptoms, diagnosis is unclear, spirometry testing results are difficult to interpret

Routine referral to Pulmonology

YES

NO

**FOLLOW-UP:**

- Follow up should occur 2-6 weeks after initiating initial asthma therapy, and should include assessment of control at every visit by symptom frequency or using a standardized tool such as the **Asthma Control Test**
- Follow up every 1-6 months once control is achieved to assess ongoing control, adherence to prescribed therapy, and inhaler device technique
- Consider stepping down therapy once control is achieved for at least 3 months