

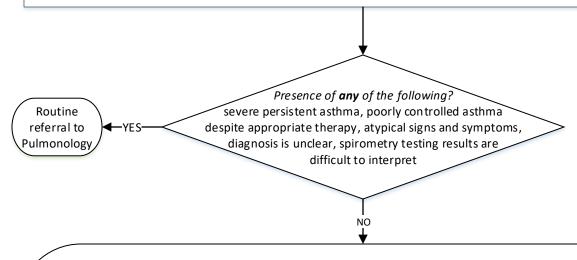
Targeted History and Physical Exam:

- 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/asthmacenter/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
 - o 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



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