

ASTHMA PEDIATRICS CLINICAL PRACTICE GUIDELINES

1. Classifying asthma severity in children:
 - Age 0-4**
 - a. Intermittent: symptoms occur less than twice a week and no nighttime awakenings
 - b. Mild Persistent: symptoms occur more than twice a week and 1-2 nights/month
 - c. Moderate Persistent: daily symptoms, and 3-4 nights/month
 - d. Severe Persistent: symptoms throughout the day and 1 night/week
 - Age 5-11**
 - a. Intermittent: symptoms occur less than twice a week and less than 2 nights/month
 - b. Mild Persistent: symptoms occur more than twice a week, but not daily and 3-4 nights/month
 - c. Moderate Persistent: daily symptoms and symptoms occurring more than once a week, but not nightly
 - d. Severe Persistent: symptoms throughout the day and 2 nights/week
2. For patients with Mild Persistent, Moderate or Severe Asthma:
 - a. Patients will be prescribed inhaled steroids or an acceptable alternative medicine
 - b. Patients will report peak flow meter readings to the physician
 - c. Patient's personal best peak flow reading will be documented in the medical record
 - d. Patient will have a documented action plan for managing Asthma if their personal best reading decreases
 - e. A copy of the patient's written action plan will be maintained in the patient's medical record
 - f. A copy of the patient's written action plan will be maintained at the child's school, childcare, extended care and with the athletic trainer
 - g. For children age 18 and younger a treatment goal is that patients will have 2 follow-up visits per year or as clinically indicated for Asthma treatment, excluding acute exacerbations
3. For all patients, a current treatment plan, including:
 - a. Bronchodilator (inhaled beta-agonist) as a rescue medication
 - b. Nebulizer at home for children <5 years of age as appropriate
 - c. Spacer as appropriate
 - d. Spirometry initially to confirm diagnosis as appropriate and then every 1-2 years as the condition warrants

(continued)

ASTHMA PEDIATRICS CLINICAL PRACTICE GUIDELINES (continued)

4. Children should have an allergy evaluation as part of their care as appropriate
5. Environmental assessment, including:
 - a. Allergens (animal dander)
 - b. Irritants (primary and/or secondary smoke)
 - c. Occupational hazards
6. Lifestyle impact, including,
 - a. Days of work/school missed
 - b. Activity restrictions
 - c. Patient or guardian has a current medication list
7. Influenza vaccine having been provided to all patient 6 months of age and older

*Source: NHLBI/NIH-National Asthma Education and Prevention Program Expert Panel
Report 3: Guidelines for the Diagnosis and Management of Asthma NIH Pub No.
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*Reviewed by Valley Preferred Health Services Physician Advisory Committee
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