



# Asthma Checklist: A Tool for Implementing Guidances and Expert Reports in Practice

## Health Care Providers and Patients Can Take Action Together to Help Control Asthma

Consider the patient's preferences regarding goals, beliefs, and concerns about asthma and medications

### ASSESS items that may be appropriate for your patient at this visit

This checklist is derived from multiple guidances and expert reports. Items provided are not all inclusive or mandatory. Please refer to the cited documents for more complete information. Only a health care clinician with their patient can decide which, if any, of these items are appropriate for a given clinical situation. The asthma checklist can be used independently of any control assessment (ie, Asthma Impairment and Risk Questionnaire (AIRQ<sup>®</sup>), Asthma Control Test (ACT<sup>™</sup>), Asthma Control Questionnaire (ACQ), Asthma Therapy Assessment Questionnaire (ATAQ)).

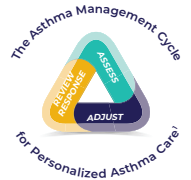
#### CONSIDER FOR ALL PATIENTS REGARDLESS OF ASTHMA CONTROL

- Adherence<sup>1-3</sup>
- Appropriate Therapy<sup>1,2</sup>
- Asthma Action Plan<sup>1,2,4</sup>
- Inhaler Technique<sup>1,2,4</sup>
- Psychological Issues<sup>1,2</sup>
- Spirometry<sup>1,2,4</sup>
- Tobacco Use<sup>1,2,5</sup>
- Vaccinations<sup>1,2,6,7</sup>

#### CONSIDER FOR PATIENTS WITH UNCONTROLLED SYMPTOMS AND/OR RISK FACTORS FOR EXACERBATIONS

- Asthma Phenotyping<sup>1-4</sup>
- Comorbidities<sup>1,2</sup>
- Home and/or Work Exposures<sup>1,2,4</sup>
- Fast-acting bronchodilator with ICS as rescue<sup>1,2</sup>
- Maintenance therapy adjustment<sup>1,2</sup>
- Referral to an Asthma Specialty Center, or Other Appropriate Specialist or Health Care Provider in Your Area<sup>1,2</sup>
- Alternative Diagnoses and Hidden Comorbidities<sup>1,2</sup>
- Optimizing Therapy with Add-on or Advanced Treatment<sup>1-3</sup>

Regardless of level of asthma control, consider referral to an asthma specialty center if your patient has, for example, a history of near-fatal asthma, confirmed food allergies or anaphylaxis, aspirin-exacerbated respiratory disease (AERD), allergic bronchopulmonary aspergillosis (ABPA), occupational asthma, or  $\geq 2$  systemic steroid bursts in a year<sup>1,2</sup>



**References:** 1. GINA. Global Strategy for Asthma Management and Prevention, 2024. Accessed May 20, 2024. [www.ginasthma.org](http://www.ginasthma.org). 2. National Heart, Lung, and Blood Institute. National Asthma Education and Prevention Program. Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma. 2007. Accessed May 20, 2024. [https://www.ncbi.nlm.nih.gov/books/NBK7232/pdf/Bookshelf\\_NBK7232.pdf](https://www.ncbi.nlm.nih.gov/books/NBK7232/pdf/Bookshelf_NBK7232.pdf). 3. GINA. Difficult-to-Treat & Severe Asthma Guide, 2023. Accessed May 20, 2024. [www.ginasthma.org](http://www.ginasthma.org). 4. Asthma: Diagnosis and Monitoring of Asthma in Adults, Children and Young People. National Institute for Health and Care Excellence (NICE). 2017. Last updated 2021. Accessed May 20, 2024. [www.nice.org.uk/guidance/ng80/evidence/asthma-diagnosis-and-monitoring-of-asthma-in-adults-children-and-young-people-pdf-7079863936](http://www.nice.org.uk/guidance/ng80/evidence/asthma-diagnosis-and-monitoring-of-asthma-in-adults-children-and-young-people-pdf-7079863936). 5. Fiore MC, Jaén CR, Baker TB, et al. Treating Tobacco Use and Dependence. 2008. Accessed May 20, 2024. [www.ahrq.gov/prevention/guidelines/tobacco/index.html](http://www.ahrq.gov/prevention/guidelines/tobacco/index.html). 6. Lung Disease Including Asthma and Adult Vaccination. Centers for Disease Control and Prevention (CDC). Last updated 2024. Accessed May 20, 2024. [www.cdc.gov/vaccines/schedules/hcp/imz/adult.html](http://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html). 7. Recommended Child and Adolescent Immunization Schedule. Centers for Disease Control and Prevention (CDC). 2024. Accessed May 20, 2024. [www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html](http://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html).



# ASSESS, ADJUST, AND REVIEW RESPONSE

## Personalized Asthma Management for Adults and Adolescents 12+ Years

This checklist is derived from multiple guidances and expert reports. Items provided are not all inclusive or mandatory. Please refer to the cited documents for more complete information. Only a health care provider with their patient can decide which, if any, of these items are appropriate for a given clinical situation.

### ASSESS and ADJUST items for all patients regardless of asthma control

ASSESS	ADJUST	
	Education and skills training	Obtain diagnostic information necessary to treat modifiable risk factors and comorbidities; employ non-pharmacologic and/or therapeutic strategies
<b>Adherence</b> <sup>1-3</sup>	Role of chronic inflammation and need for daily maintenance therapy Strategies to counteract adherence barriers	<input type="checkbox"/> Accommodate patient therapy preferences, when appropriate <input type="checkbox"/> Refer to appropriate social support services
<b>Appropriate Therapy</b> <sup>1,2</sup>	Appropriate use of rescue and maintenance therapies	<input type="checkbox"/> Consider rescue therapy including both a fast-acting bronchodilator and anti-inflammatory <input type="checkbox"/> Adjust current level of therapy <input type="checkbox"/> Continue current therapy
<b>Asthma Action Plan</b> <sup>1,2,4</sup>	When and how to use an asthma action plan	<input type="checkbox"/> Develop or update asthma action plan
<b>Inhaler Technique</b> <sup>1,2,4</sup>	Proper technique for use of inhaler devices	<input type="checkbox"/> DPI education      Review at next visit? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Nebulizer education      Review at next visit? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> pMDI education      Review at next visit? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Soft Mist education      Review at next visit? <input type="checkbox"/> Y <input type="checkbox"/> N
<b>Psychological Issues</b> <sup>1,2</sup>	Role of depression and anxiety in asthma	<input type="checkbox"/> Refer for counseling
<b>Spirometry</b> <sup>1,2,4</sup>	Spirometry for diagnosis and management of asthma	<input type="checkbox"/> Spirometry <input type="checkbox"/> Spirometry: Pre-/post-bronchodilator
<b>Tobacco Use</b> <sup>1,2,5</sup>	Active and passive tobacco smoke exposure	<input type="checkbox"/> Tobacco cessation counseling/pharmacotherapy
<b>Vaccinations</b> <sup>1,2,6,7</sup>	Influenza virus Pneumococcal pneumonia	<input type="checkbox"/> Influenza vaccine <input type="checkbox"/> Pneumococcal vaccine

**Review Response:** Schedule a visit to review your patient's response to the selected ADJUST items above. Review topics can include: symptoms, exacerbations, side effects, lung function, and patient (and parent) satisfaction. Timing of the review visit (2 weeks to 6 months) depends on clinical urgency and what changes to treatment have been made.<sup>1,2</sup>

Regardless of level of asthma control, consider referral to an asthma specialty center if your patient has, for example, a history of near-fatal asthma, confirmed food allergies or anaphylaxis, aspirin-exacerbated respiratory disease (AERD), allergic bronchopulmonary aspergillosis (ABPA), occupational asthma, or ≥2 systemic steroid bursts in a year<sup>1,2</sup>

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### ASSESS and ADJUST items for patients with uncontrolled symptoms and/or risk factors for exacerbations

ASSESS	ADJUST: Consider referral to an asthma specialty center	
	Education and skills training	Obtain diagnostic information necessary to treat modifiable risk factors and comorbidities; employ non-pharmacologic and/or therapeutic strategies
<b>Asthma Phenotyping</b> <sup>1-4</sup>	Non-type 2 (Type 1) and Type 2 inflammation	<input type="checkbox"/> FeNO <input type="checkbox"/> Serum/sputum eosinophils <input type="checkbox"/> Total and specific serum IgE/skin prick tests
<b>Comorbidities</b> <sup>1,2</sup>	ABPA, chronic rhinosinusitis, eczema, food allergies, GERD, nasal polyposis, obesity, obstructive sleep apnea	<input type="checkbox"/> Allergen sensitization determination <input type="checkbox"/> Assess for ABPA <input type="checkbox"/> Nutrition and exercise consultations <input type="checkbox"/> Pharmacologic and/or immunotherapeutic treatments for comorbidities <input type="checkbox"/> Refer to comorbidity appropriate specialist <input type="checkbox"/> Remove or remediate relevant allergens <input type="checkbox"/> Sleep study
<b>Home and/or Work Exposures</b> <sup>1,2,4</sup>	Allergen, environmental, irritant, medication, or occupational exposures	<input type="checkbox"/> Environmental tobacco exposure <input type="checkbox"/> Indoor dampness or mold <input type="checkbox"/> Indoor or outdoor air pollutants <input type="checkbox"/> Medications (ACE inhibitors, beta-blockers, NSAIDs) <input type="checkbox"/> Noxious chemicals <input type="checkbox"/> Occupational allergens/sensitizers
<b>Rescue Therapy Approach</b> <sup>1,2</sup>	Inclusion of Intermittent ICS as part of Rescue Therapy	<input type="checkbox"/> Consider rescue therapy including both a fast-acting bronchodilator and anti-inflammatory
<b>Level of Maintenance Therapy</b> <sup>1,2</sup>	Appropriate maintenance therapy	<input type="checkbox"/> Adjust maintenance therapy
<b>Alternative Diagnoses and Hidden Comorbidities</b> <sup>1,2</sup>	Alternative cardiac, immunologic, or respiratory diagnoses	<input type="checkbox"/> Alpha-1 anti-trypsin disease test <input type="checkbox"/> Bronchoscopy <input type="checkbox"/> Cardiac function test <input type="checkbox"/> Challenge testing <input type="checkbox"/> Chest CT <input type="checkbox"/> Chest X-ray <input type="checkbox"/> Collagen-vascular disease test <input type="checkbox"/> Echocardiogram <input type="checkbox"/> Fungal precipitins <input type="checkbox"/> Immunoglobulin levels and subtypes <input type="checkbox"/> Indirect laryngoscopy <input type="checkbox"/> Lung volumes/Diffusing capacity of the lungs for carbon monoxide <input type="checkbox"/> Pre-/post-bronchodilator spirometry and flow volume loops <input type="checkbox"/> Sinus CT
<b>Optimizing Therapy with Add-on or Advanced Treatments</b> <sup>1-3</sup>	Asthma phenotypes, therapeutic options	<input type="checkbox"/> Add or switch biologic <input type="checkbox"/> Add third agent <input type="checkbox"/> Begin immunotherapy <input type="checkbox"/> Continue current therapy <input type="checkbox"/> Discontinue/taper ineffective therapies <input type="checkbox"/> Consider bronchial thermoplasty <input type="checkbox"/> Step-up level of controller therapy

**Review Response:** Schedule a visit to review your patient's response to the selected ADJUST items above. Review topics can include: symptoms, exacerbations, side effects, lung function, and patient (and parent) satisfaction. Timing of the review visit (2 weeks to 6 months) depends on clinical urgency and what changes to treatment have been made.<sup>1,2</sup>

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