



## Michigan Quality Improvement Consortium Clinical Practice Guideline Update Alert

Guideline: [General Principles for the Diagnosis and Management of Asthma](#)

Released: July 2016

### Updated recommendations:

#### Assessment and Monitoring

Obtain spirometry (FEV<sub>1</sub>, FEV<sub>6</sub>, FVC, FEV<sub>1</sub>/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.

Sources: 2007 National Asthma Education and Prevention Program Expert Panel Report 3, Guidelines for the Diagnosis and Management of Asthma. National Heart, Lung and Blood Institute; NHLBI Asthma Care Quick Reference Diagnosing and Management Asthma NIH Publication No. 12-5075, Revised September 2012; Advisory Committee on Immunization Practices, Pneumococcal ACP Vaccine Recommendations.

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