

**PRACTICAL PEARLS: Asthma**

<p><b>INTRODUCTION</b></p>	<ul style="list-style-type: none"> <li>• Asthma is defined by reversible airway obstruction</li> <li>• Most common chronic childhood illness</li> <li>• Typical cause for wheezing age 2 years and older</li> <li>• Respiratory viral infections trigger acute asthma exacerbations, most common viral trigger is Human Rhino Virus</li> <li>• Allergen exposure is usually cause for poor control</li> <li>• <a href="https://www.nhlbi.nih.gov/files/docs/guidelines/asthma_qrg.pdf">https://www.nhlbi.nih.gov/files/docs/guidelines/asthma_qrg.pdf</a></li> </ul>
<p><b>INITIAL EVALUATION AND MANAGEMENT BY PRIMARY CARE</b></p>	<p><b>Evaluation</b></p> <ul style="list-style-type: none"> <li>• HX: Recurrent expiratory wheezing, cough, recurrent difficulty breathing, recurrent chest tightness</li> <li>• Symptoms respond to short acting beta agonist for several hours</li> <li>• PE: Generalized expiratory wheezing, prolonged expiration</li> <li>• PFT: Test must meet ATS standard and FEV1 increase by 12 %</li> </ul> <p><b>Management</b></p> <ul style="list-style-type: none"> <li>• Meter dose inhaler (MDI) with spacer is best delivery method</li> <li>• Inhaled medication dosing by effect, i.e. Albuterol can be given as 2-6 puffs, single puff increments, based on response</li> <li>• Evaluate for control 6-8 weeks after medication changes</li> <li>• PFT once a year</li> </ul>
<p><b>WHEN TO REFER TO PEDIATRIC PULMONOLOGY</b></p>	<ul style="list-style-type: none"> <li>• Uncertainty of diagnosis</li> <li>• Difficulty controlling symptoms</li> <li>• Annual lung function testing</li> </ul>
<p><b>HOW TO REFER</b></p>	<ul style="list-style-type: none"> <li>• (413) 794-KIDS and ask for the Pediatric Pulmonary Service</li> </ul>
<p><b>WHAT TO EXPECT FROM BAYSTATE CHILDREN'S SPECIALTY CENTER</b></p>	<ul style="list-style-type: none"> <li>• Confirmation of diagnosis</li> <li>• Assessment of asthma triggers</li> <li>• Asthma education for the family</li> <li>• Pulmonary function testing</li> <li>• Co-management of asthma symptoms with the primary provider</li> </ul>

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