

PEDIATRIC ASTHMA REFERRAL GUIDELINE

MAINE MEDICAL PARTNERS - PEDIATRIC SPECIALTY CARE (DIV. PULMONARY MEDICINE) • 887 CONGRESS ST, SUITE 320, PORTLAND, ME • (207) 662-5522

HIGH RISK

SUGGESTED EMERGENT CONSULTATION

SYMPTOMS AND LABS

SYMPTOMS: Repeated hospital admissions for exacerbations

Multiple urgent care or ED visits

Intensive care unit admission for an asthma exacerbation

EXAM: Persistent wheezing when well

LABS: Pulmonary function testing demonstrating moderate to severe obstruction while on controller therapy

SUGGESTED PREVISIT WORKUP

RECOMMEND: Urgent consults are to prevent life threatening exacerbations of asthma

Calling the pharmacy to confirm that the patient is filling the prescribed medications can be informative

MODERATE RISK

SUGGESTED CONSULTATION OR CO-MANAGEMENT

SYMPTOMS AND LABS

SYMPTOMS: Difficulty maintaining asthma control

Child 0-4 yrs old requiring step 3 therapy

Child 5-11 requiring step 4 therapy

Any hospitalization for asthma

Considering immunomodulatory therapy

Considering additional tests to make specific diagnosis

CONSIDER CONSULTATION: Child 0-4 yrs old requiring step 2 therapy

Child 5-11 requiring step 3 therapy

EXAM: Recurrent wheezing or prolonged exhalation when ill

LABS: Pulmonary Function testing with mild to moderate persistent obstruction

SUGGESTED WORKUP

RECOMMEND: Calling the pharmacy to confirm the patient is filling the prescribed medications can be informative

Strongly consider referral to pediatric pulmonology

LOW RISK

SUGGESTED ROUTINE CARE

SYMPTOMS AND LABS

SYMPTOMS: Easy to control asthma

Age 0-4 years, step 1 therapy

Age 5-11 years, step 2 therapy or lower

EXAM: Normal exam

LABS: Normal pulmonary function testing

SUGGESTED MANAGEMENT

RECOMMEND: Initiating a daily controller medication for repeated episodes of wheezing with illnesses that responds to a bronchodilator is recommended to prevent loss of lung function (*Martinez et al. 1995; Morgan et al. 2005*) and to decrease disease burden and the frequency of exacerbations (*Guilbert et al. 2006*)

Confirm, with teach-back, that patient can use inhalers

CLINICAL PEARLS

- A spacer should be used with every metered dose inhaler for all patients who use them regardless of age.
- A metered dose inhaler with appropriate dosing is just as effective as a nebulizer for albuterol administration *Pediatrics 2000; 106 (2); 311-31.*
- Daily inhaled steroids provides better relief from asthma symptoms than intermittent controlled steroids. *Cochrane Database Systematic Rev 2013; 2 /Respiratory Medicine 2013; 107 (8); 1133-1140.*

Maine Medical
PARTNERS