QUALITY STANDARDS

Placemat for Asthma in Children and Adolescents

This document is a resource for clinicians and summarizes content from the *Asthma in Children and Adolescents* quality standard.

Confirming a Diagnosis of Asthma in Children and Adolescents

Quality Statement (QS) 1: Diagnosis

Children 6 years of age and older and adolescents clinically suspected of having asthma complete spirometry to demonstrate reversible airflow obstruction and, if negative, other lung function testing to confirm the diagnosis of asthma, as soon as possible. Children 1 to 5 years of age are diagnosed with asthma after documentation of signs or symptoms of airflow obstruction, clear improvement in signs and symptoms with asthma medications, and no clinical suspicion of an alternative diagnosis.

Asthma is clinically suspected in the presence of signs or symptoms of variable airflow obstruction and in the absence of an alternative diagnosis. **To confirm a diagnosis of asthma in children 1 to 5 years of age** who are unable to undergo spirometry and for whom you have no clinical suspicion of another diagnosis, observe and document:

- Their **signs or symptoms of airflow obstruction** (i.e., shortness of breath, chest tightness, wheezing, or cough)
- **Clear improvement in signs and symptoms with asthma medications** during 2 or more episodes of worsening symptoms

To confirm a diagnosis of asthma, administer or order a spirometry for children and adolescents 6 years of age and older who are clinically suspected of having asthma. If spirometry is inconclusive, consider the need for additional lung function testing such as methacholine challenge testing or fractional exhaled nitric oxide (FeNO) testing.

Ideally, complete the testing **within 3 months** of the person seeking care. Review the results with patient and their care partners.

Asthma Management

QS 2: Asthma Control and Risk of Exacerbations

Children and adolescents with asthma have a structured assessment at least annually to determine their level of asthma control, reasons for poor control, and risk of future exacerbations.

Asthma control parameters for children and adolescents include **measures of symptoms and lung function.** Perform a structured assessment to determine the person's level of asthma symptom control, any reasons for poor control, and risk of future exacerbations before modifying medication (see QS 3), if needed.

Assess asthma symptom control over 4 weeks **at least annually**. Ensure spirometry and other lung function testing are done, as needed. ***Let patients know that they can expect to live symptom free when asthma is controlled.***

QS 3: Asthma Medication

Children and adolescents with asthma receive appropriate medication and devices based on their age, current level of asthma control, and risk of future exacerbations, including early initiation of regular inhaled anti-inflammatory therapy.

Offer all children and adolescents with asthma:

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- **medication based on their age, current level of asthma control, and risk of future exacerbation, and**
- **the most appropriate inhaler devices and spacer device to meet their needs and developmental level.**

Initiate a low-dose inhaled corticosteroid (ICS) as a regular controller medication for children and adolescents 1 to 16 years of age with asthma who experience asthma symptoms 2 or more times per week or meet other criteria for uncontrolled asthma (see QS 3). Children 12 years of age and older who experience difficulties adhering to daily low-dose ICS despite self-management education and support may be prescribed as-needed budesonide/formoterol (bud/form) as an alternative. Escalate medication only after addressing other reasons for poor control (see QS 2).

QS 4: Self-Management Education and Asthma Action Plan

Children and adolescents with asthma and their care partners receive asthma self-management education and a written personalized asthma action plan that is reviewed regularly with a clinician.

Provide asthma self-management education to children and adolescents with asthma and their care partners. Work with them to create a written personalized asthma action plan that is regularly reviewed and considers literacy, usability, and language.

Ensure that they receive information about and referrals to local service providers who can help them learn how to avoid or reduce exposure to triggers and improve their ability to self-manage (e.g., referral to asthma education, team-based care, or social services).

Referral to Specialized Pediatric Asthma Care and Follow-Up After Discharge

QS 5: Referral to Specialized Pediatric Asthma Care

Children and adolescents with asthma with appropriate indications are referred to specialized pediatric asthma care.

For children and adolescents with asthma who have appropriate indications (see QS 5 definitions in the quality standard), consult with or refer them to specialized pediatric asthma care. The specialized care clinician should communicate the recommended plan for treatment and follow-up (if needed) to the primary care clinician.

QS 6: Follow-Up After Discharge

Children and adolescents who have had an emergency department visit or been hospitalized for an asthma exacerbation have a follow-up assessment within 2 to 7 days after discharge.

If a child or adolescent who has had an asthma exacerbation ends up in an emergency department, prior to discharge the care team should tell their care partner to **arrange a follow-up primary care appointment**. If the person is hospitalized, the hospital care team should arrange for a follow-up assessment in primary care. In either setting, the discharging care team should send the person's discharge information directly to the primary care clinician.

Following discharge, **consider referring** the child or adolescent to an asthma education program or specialized asthma care.

Resources

- *Asthma in Children and Adolescents* quality standard and patient guide
- *Clinical Handbook for Paediatric Asthma*
- Asthma Best Practices Implementation Toolkit
- Asthma Diagnosis & Management Algorithm for primary care
- Course: Promoting Patient Self-Management With an Asthma Action Plan

Additional tools and resources are on Quorum.

Need this information in an accessible format? 1-877-280-8538, TTY 1-800-855-0511, info@OntarioHealth.ca

Document disponible en français en contactant info@OntarioHealth.ca

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