

Revised
11-07-2001

Multi-Colored Simplified Asthma Guideline Reminder (MSAGR) For Better Adherence to National/Global Asthma Guidelines

Visit web site : www.elp.ttuhsu.edu/asthma for free download of MSAGR.

Patient Name: _____ Age: _____ M F Date _____

1. Symptoms, Triggers & Assessment

Symptoms: Cough Wheezing SOB Chest Tightness Sputum Nocturnal Cough

Frequency: Daily Weekly Monthly Age of Onset _____

Pattern: Spring Summer Fall Winter Perennial Perennial with Seasonal Exacerbation

Triggers: URI Sinusitis Exercise Laughing Crying Cat Dog Bird Cockroaches
Tobacco Smoke Mold Changes in Weather Pollution House Dust Mites Emotion/Stress
Stuffed animals Cold Air Dust Storm Windy Day Fireplace/Woodstove ASA NSAID
Beta-blocker ACE-inhibitor GERD Menses Other

Assessment: History of Episodic Symptoms of Airflow Obstruction Yes No
Response to Inhaled Beta₂-Agonists Yes No
Alternative Diagnoses are excluded Yes No On going

2. Classification of Asthma Severity

Severity	Symptoms	Nocturnal Symptoms	PEF or FEV1	PEF Variability
Mild Intermittent	≤ 2 / week	≤ 2 / month	≥ 80%	< 20%
Mild Persistent	> 2 / week	> 2 / month	≥ 80%	20 - 30 %
Moderate Persistent	Daily	> 1 / week	> 60% - ≤ 80%	> 30%
Severe Persistent	Continual	Frequent	≤ 60%	> 30%

3. Step Therapy Based on Asthma Severity

	Quick Relief	Long term daily meds	Children	Adults
Mild Intermittent	Inhaled beta ₂ -agonists PRN	NONE Use of short-acting inhaled beta₂-agonists more than 2 times a week may indicate the need to start long-term controller agent.	NONE	NONE
Mild Persistent	Same as above	Low dose inhaled steroid or Cromolyn or Nedocromil or leukotriene antagonist (LA). ☼☼	PTO: ———→ For various inhaled steroids (low dosages).	PTO: ———→ For various inhaled steroids (low dosages).
Moderate Persistent **	Same as above	Long acting bronchodilator (LAB), ★ and medium dose inhaled steroid. Consider (LA). ☼☼	PTO: ———→ For various inhaled steroids (medium dosages).	PTO: ———→ For various inhaled steroids (medium dosages).
Severe Persistent **	Same as above	(LAB) ★ and high dose inhaled steroid. Consider (LA). ☼☼ Add oral steroids if needed.	PTO: ———→ For various inhaled steroids (high dosages).	PTO: ———→ For various inhaled steroids (high dosages).
** Co-manage with Asthma Specialist		☼☼ LA: Montelukast (Singulair 4mg daily for 2-5 years old, 5 mg daily for 6-14 years old and 10 mg daily for adult), Zafirlukast (Accolate 10mg bid daily for 7-11 years old and 20 mg bid daily for patients older than 12 years old) ★ LAB: Salmeterol (Serevent Inhaler ≤ 2 puffs bid or Serevent Diskus ≤ 1 inhalation bid) or Formoterol (Foradil) Aerolizer one capsule bid) or oral sustained albuterol (Volmax 4 mg & 8 mg), or sustained-release oral theophylline. See product information for dosages & indications.		

ORAL STEROIDS: Short course or "burst" Prednisone 1-2mg/kg/day, maximum 60mg/day for 3-10 days are effective for establishing control when initiating asthma therapy or during a period of gradual deterioration.

If your patient requires more than two bursts of oral steroids during the past year, seek consultation with asthma specialist.

Step Therapy Based on Asthma Severity is adapted from NAEPP guidelines (National Asthma Education and Preventive Program) and GINA guidelines (Global Initiative for Asthma). These guidelines are not intended to replace your clinical judgment and your intimate knowledge of the needs and circumstances of individual patients.

Physical Examination: Ht. WT T° HR RR BP PEFR

HEENT LUNGS

SKIN HEART

ABDOMEN EXTREMITIES

OTHERS

Comments: _____

Diagnosis: Asthma. Mid intermittent Mild Persistent Moderate Persistent Severe Persistent

Allergic rhinitis Sinusitis Others

4. Treatment Plan

- a. Remove, avoid and/or treat triggers
- b. Asthma education: emphasizes the critical importance of long-term controller agents for inflammatory nature of asthma.
- c. Teach peak flow meter, inhaler, spacer (EZ spacer, Aerochamber, Inspirease, etc.) techniques.
- d. Review the written simplified asthma action plan with patient and or guardians.
- e. Long term daily medication: _____
- f. Quick relief medications: _____
- g. Other medications: _____
- h. Schedule regular follow up visits at 1 to 6 month intervals (weekly if necessary) to assess degree of asthma control.
- i. Reduce the dose of inhaled steroids about 25% every 2 to 3 months to the lowest dose possible required to maintain control of all asthma symptoms.
- j. Obtain spirometry to document attainment of (near) **normal** airway function at least once a year.
- k. Provide annual Influenza vaccination. Consider pneumococcal vaccine and or varicella vaccine if it is clinically indicated.

Clinician Name _____ Signature _____

ESTIMATED COMPARATIVE DAILY DOSAGES FOR INHALED CORTICOSTEROIDS

A D U L T S			
<i>Drug</i>	<i>Low Dose</i>	<i>Medium Dose</i>	<i>High Dose</i>
Beclomethasone dipropionate 42 mcg/puff VANCERIL	168-504 mcg (4-12 puffs)	504-840 mcg (12-20 puffs)	>840 mcg (>20 puffs)
Budesonide Turbuhaler 200 mcg/dose PULMICORT	200-400 mcg (1-2 inhalations)	400-600 mcg (2-3 inhalations)	>600 mcg (>3 inhalations)
Flunisolide 250 mcg/puff AEROBID	500-1,000 mcg (2-4 puffs)	1,000-2,000 mcg (4-8 puffs)	>2,000 mcg (>8 puffs)
Fluticasone FLOVENT MDI: 44, 110, 220 mcg/puff DPI: 50, 100, 250 mcg/dose	88-264 mcg (2-6 puffs — 44mcg) or (2 puffs — 110 mcg) (2-6 inhalations—50 mcg)	264-660 mcg (2-6 puffs — 110mcg) (3-6 inhalations—100 mcg)	>660 mcg (>6 puffs — 110mcg) or (>3 puffs — 220 mcg) (>6 inhalations—100 mcg) (>2 inhalations — 250 mcg)
Triamcinolone acetonide 100 mcg/dose AZMACORT	400-1,000 mcg (4-10 puffs)	1,000-2,000 mcg (10-20 puffs)	>2,000 mcg (>20 puffs)

C H I L D R E N O L D E R T H A N 5 Y E A R S O F A G E			
<i>Drug</i>	<i>Low Dose</i>	<i>Medium Dose</i>	<i>High Dose</i>
Beclomethasone dipropionate 42 mcg/puff VANCERIL	84-336 mcg (2-8 puffs)	336-672 mcg (8-16 puffs)	>672 mcg (>16 puffs)
Budesonide Turbuhaler 200 mcg/dose PULMICORT	100-200 mcg	200-400 mcg (1-2 inhalations - 200 mcg)	>400 mcg (>2 inhalations — 200 mcg)
Flunisolide 250 mcg/puff AEROBID	500-750 mcg (2-3 puffs)	1,000 - 1,250 mcg (4-5 puffs)	>1,250 mcg (>5 puffs)
Fluticasone FLOVENT MDI: 44, 110, 220 mcg/puff DPI: 50, 100, 250 mcg/dose	88-176 mcg (2-4 puffs — 44mcg) (2-4 inhalations—50 mcg)	176-440 mcg (4-10 puffs — 44mcg) or (2-4 puffs — 110mcg) (2-4 inhalations—100 mcg)	>440 mcg (>4 puffs — 110mcg) or (>2 puffs — 220 mcg) (>4 inhalations—100 mcg) (>2 inhalations — 250 mcg)
Triamcinolone acetonide 100 mcg/dose AZMACORT	400-800 mcg (4-8 puffs)	800-1,200 mcg (8-12 puffs)	>1,200 mcg (>12 puffs)

New Products: (A)Nebulized Budesonide (**Pulmicort Respules 0.25mg/2ml & 0.50mg/2ml**) is indicated for children with asthma.
 (B)Combined Fluticasone mcg & Salmeterol mcg (**Advair diskus 100/50, 250/50 & 500/50**)
 (C)Nebulized Levalbuterol (**Xopenex 0.63mg/3ml, 1.25mg/3ml**)
 (D) Beclomethasone dipropionate HFA (QVAR Inhaler)
 Indications & dosages: See product information (PI) for all new products.