CHILDREN'S MERCY'S RECOMMENDED APPROACH TO FOLLOW-UP VISITS: ASSESSING ASTHMA CONTROL AND ADJUSTING THERAPY (COMBINING RECOMMENDATIONS FROM EPR3, EPR4 & GINA2020)

Level of control (Columns 2–4) is based on the most severe component of impairment (symptoms and functional limitations) or risk (exacerbations). Assess impairment by patient's or caregiver's recall of events listed in Column 1 during the previous 4 weeks and by spirometry and/or peak flow measures. Symptom assessment for longer periods should reflect a global assessment, including both daily symptoms and exacerbations since the last visit and during the previous 12 months. Recommendations for adjusting therapy based on level of control are presented in the last row.

Components of Control		Well Controlled			Not Well Controlled			Very Poorly Controlled		
		≤ 5 years old	5-11 years old	≥ 12 years old	≤ 5 years old	5-11 years old	>12 years old	≤ 5 years old	5-11 years old	≥ 12 years old
Impairment	Symptoms	≤ 2 days/week	≤ 2 days/wk but not more than once daily	≤ 2 days/week	>2 days/week	>2 days/wk or multiple times on ≤ 2 days/week	>2 days/week	Throughout the day		
	Nighttime awakenings	≤ 1x/month		≤ 2x/month	> 1x/month	≥ 2x/month	1-3x/week	> 1x/week	≥ 2x/month	≥ 4x/month
	Interference with normal activity	None			Some limitation			Extremely limited		
	SABA use for symptom control (not to prevent EIB)	≤ 2 days/week			> 2 days/week			Several times per day		
	Lung Function									
	→ FEV1 (% pred)	(n/a)	>80%	>80%	(n/a)	60-80%	60-80%	(n/a)	<60%	<60%
	→ FEV1/FVC	(n/a	>80%	>80%	(n/a)	75-80%	75-80%	(n/a)	<75%	<75%
	Validated questionnaires†									
	→ TRACK (0-5yr)	≥80	(n/a)	(n/a)	<80	(n/a)	(n/a)	<80	(n/a)	(n/a)
	→ c-ACT (5-11yr)	(n/a)	≥20	(n/a)	(n/a)	16-19	(n/a)	(n/a)	≤15	(n/a)
	→ ACT (≥12yr)	(n/a)	(n/a)	≥20	(n/a)	(n/a)	16-19	(n/a)	(n/a)	≤15
Risk	Asthma exacerbations requiring oral systemic corticosteroids§	0-1/year			2-3/year	≥2/year		>3/year	≥2/year	
		Consider severity and interval since last asthma exacerbation								
	Reduction in lung growth/Progressive loss of lung function	Not applicable	Evaluation requires long-term follow-up care.		Not applicable	Evaluation requires long-term follow-up care.		Not applicable	Evaluation requires long-term follow-up care.	
	Treatment-related adverse effects	Medication side effects can vary in intensity from none to very troublesome and worrisome. The level of intensity does not correlate to specific levels of control but should be considered in the overall assessment of risk.								
Recommended Action for Treatment (See "Stepwise Approach for Managing Asthma Long Term") The stepwise approach is meant to help, not replace, the clinical decision making needed to meet individual patient needs.		Maintain current step. Regular follow-up every 1–6 months. Instruct families about importance of routine follow-up visits. Consider providing sufficient refills for daily medication until follow-up appointment. Consider telehealth for routine follow-up appointments. Consider step down if well controlled for at least 3 months.			Step up* 1 step. Reevaluate in 2–6 weeks to achieve control. For children 0–4 years, if no clear benefit observed in 4–6 weeks, consider adjusting therapy or alternative diagnoses.			Consider short course of oral systemic corticosteroids. Step up* 1–2 steps. Reevaluate in 2 weeks to achieve control.		
					Emphasize need for close follow-up with PCP or primary subspecialist to obtain refills on daily medication. ***BEFORE step up in treatment:** **Review adherence to medication, inhaler technique, and environmental control**. If alternative treatment was used, discontinue and use preferred treatment for that step. For side effects, consider alternative treatment options.					

Abbreviations: ACT, Asthma Control Test™; c-ACT, Childhood Asthma Control Test; TRACK, Test for Respiratory and Asthma Control in Kids; EIB, exercise-induced bronchospasm; FVC, forced vital capacity; FEV , forced expiratory volume in 1 second; SABA, short-acting beta-agonist.

† Minimal important difference (MID) to determine if changes in scores on validated questionnaires are clinically significant: 11 for the TRACK; 3 for the c-ACT

§ Data are insufficient to link frequencies of exacerbations with different levels of asthma control. Generally, more frequent and intense exacerbations (e.g., requiring urgent care, hospital or intensive care admission, and/or oral corticosteroids) indicate poorer asthma control.