QUALITY STANDARDS

Placemat for Asthma in Adults

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

Confirming a Diagnosis of Asthma in Adults

Quality Statement (QS) 1: Diagnosis

Adults clinically suspected of having asthma complete spirometry to demonstrate reversible airflow obstruction and, if negative, fractional exhaled nitric oxide testing or other lung function testing to confirm the diagnosis of asthma as soon as possible.

Asthma is clinically suspected in the presence of signs or symptoms of variable airflow obstruction (i.e., shortness of breath, chest tightness, wheezing, or cough) and in the absence of an alternative diagnosis.

To confirm a diagnosis of asthma, administer or order spirometry for adults clinically suspected of having asthma. If spirometry is inconclusive, consider the need for fractional exhaled nitric oxide (FeNO) testing or additional lung function testing such as methacholine challenge testing.

Ideally, complete the testing **within 3 months** of the person seeking care. However, don't be deterred if there are longer wait times for testing; seek appropriate lung function testing before confirming a diagnosis. Review the results with the patient.

Document signs and symptoms of variable airflow obstruction obtained from clinical history, physical examinations, and objective measures as the basis for diagnosing asthma.

Asthma Management

QS 2: Asthma Control and Risk of Exacerbations

Adults 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 adults include **measures of symptoms, lung function, and airway inflammation**. 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, FeNO, 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

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

Offer adults with asthma:

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

Initiate a low-dose inhaled corticosteroid (ICS) as a regular controller medication for adults with asthma who experience symptoms 2 or more times per week or meet other criteria for uncontrolled asthma (see QS 3).

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Once the person has achieved control with at least 3 to 6 months of daily anti-inflammatory medication, **reduce the medication to the lowest effective dose required to maintain asthma control**, prevent future exacerbations, and minimize side effects. Escalate medication only after addressing other reasons for poor control (see QS 2).

QS 4: Self-Management Education and Asthma Action Plan

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

Provide asthma self-management education to adults 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 Asthma Care and Follow-Up After Discharge

QS 5: Referral to Specialized Asthma Care

Adults who meet criteria for severe asthma or have other appropriate indications are referred to specialized asthma care.

For adults with severe asthma or other appropriate indications (see QS 5 in the quality standard), consult with or refer them to specialized asthma care. The specialized asthma 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

Adults 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 an adult who has had an asthma exacerbation ends up in an emergency department, prior to discharge the care team should tell the person with asthma 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 person to an asthma education program or specialized asthma care.

Resources

- *Asthma in Adults* quality standard and patient guide
- Asthma Action Plan Yellow Zone Formulation Table
- Asthma Best Practices Implementation Toolkit
- Asthma Diagnosis & Management Algorithm for primary care
- Course: Promoting Patient Self-Management With an Asthma Action Plan
- Webinar: Asthma Action Plans: Keeping Asthma Under Control (Especially in the Virtual World)

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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