Asthma Control Tables

The level of control and resulting actions should be based on the most severe impairment or risk category.

AGES 0–4

Level of Control		Description	Recommended Actions
WELL CONTROLLED	Impairment	Symptoms ≤2 days/week	• **Maintain current medication step**. • Regular follow up every 1 to 6 months. • Consider stepping down medication therapy if well controlled for at least 3 months.
		Night awakenings ≤1 time/month	
		Interference with normal activity: None	
		Rescue inhaler use ≤2 days/week (Not EIB prevention)	
	Risk*	Exacerbations requiring OCS: 0–1/year	
NOT WELL CONTROLLED	Impairment	Symptoms: >2 days/week	• **Step up one medication step** and reassess control in 2 to 6 weeks. • If no clear benefit in 4 to 6 weeks, consider alternative diagnoses or adjusting therapy. NOTE: Before stepping up treatment, review adherence to medication; inhaler technique and environmental control. If alternative treatment was used, discontinue and use preferred treatment.
		Night awakenings: >1 time/month	
		Interference with normal activity:Some limitation	
		Rescue inhaler use >2 days/week (Not EIB prevention)	
	Risk*	Exacerbations requiring OCS: 2–3 times/year	
POORLY CONTROLLED	Impairment	Symptoms: Throughout the day	• **Consider a short course of OCS** • **Step up 1–2 medication steps** and reevaluate control in 2 weeks. NOTE: Before stepping up treatment, review adherence to medication; inhaler technique and environmental control. If alternative treatment was used, discontinue and use preferred treatment.
		Night awakenings:>1 time/week	
		Interference with normal activity: Extremely limited	
		Rescue inhaler use several times/day (Not EIB prevention)	
	Risk*	Exacerbations requiring OCS:>3 times/year	

AGES 5–11

Level of Control		Description	Recommended Actions
WELL CONTROLLED	Impairment	Symptoms: ≤2 days/week but not more than once each day	• **Maintain current medication step** • Regular follow up every 1 to 6 months. • Consider stepping down medication therapy if well controlled for at least 3 months.
		Nighttime awakenings: ≤1 time/month	
		Interference with normal activity: None	
		Rescue inhaler use ≤2 days/week (Not EIB prevention)	
		FEV_1 or peak flow >80% predicted/personal best	
		FEV_1/FVC >80%	
	Risk*	Exacerbations requiring OCS: 0–1 time/year	
NOT WELL CONTROLLED	Impairment	Symptoms: >2 days/week or multiple times ≤2 days/week	• **Step up at least one medication step** and reassess control in 2 to 6 weeks. NOTE: Before stepping up treatment, review adherence to medication; inhaler technique and environmental control. If alternative treatment was used, discontinue and use preferred treatment.
		Night awakenings:≥2 times/month	
		Interference with normal activity: Some limitation	
		Rescue inhaler use >2 days/week (Not EIB prevention)	
		FEV_1 or peak flow 60–80% predicted/personal best	
		FEV_1/FVC 75–80%	
	Risk*	Exacerbations requiring OCS: ≥2 times/year	
POORLY CONTROLLED	Impairment	Symptoms: Throughout the day	• **Consider a short course of OCS** • **Step up 1–2 medication steps** and reevaluate control in 2 weeks. NOTE: Before stepping up treatment, review adherence to medication; inhaler technique and environmental control. If alternative treatment was used, discontinue and use preferred treatment.
		Night awakenings:≥2 times/week	
		Interference with normal activity: Extremely limited	
		Rescue inhaler use several times/day (Not EIB prevention)	
		FEV_1 or peak flow <60% predicted/personal best	
		FEV_1/FVC <75%	
	Risk*	Exacerbations requiring OCS:≥2 times/year	

*Medication side effects should always be considered in the overall assessment of risk at every level. For side effects, consider alternative treatment options. In addition, use evaluation of reduction in lung growth or progressive loss of lung function to help determine risk.

EIB - Excercise-induced bronchospasm; **FEV_1** - forced expiratory volume in one second; **FVC** - forced vital capacity; **OCS** - oral corticosteroids

Asthma Control Tables (continued)

The level of control and resulting actions should be based on the most severe impairment (symptoms / function) or risk (exacerbation) category.

AGES 12 +			
Level of Control	**Description**		**Recommended Actions**
WELL CONTROLLED	Impairment	Symptoms: ≤2 days / week	• **Maintain current medication step** • Regular follow up every 1 to 6 months. • Consider stepping down medication therapy if well controlled for at least 3 months.
		Nighttime awakenings: ≤2 times / month	
		Interference with normal activity: None	
		Rescue inhaler use ≤2 days / week (Not EIB prevention)	
		FEV_1 or peak flow >80% predicted / personal best	
		Validated questionnaires: ATAQ =0; ACQ≤0.75; ACT ≥20	
	Risk*	Exacerbations requiring OCS: 0 – 1 time / year	
NOT WELL CONTROLLED	Impairment	Symptoms: >2 days / week	• **Step up one medication step** and reassess control in 2 to 6 weeks. NOTE: Before stepping up treatment, review adherence to medication; inhaler technique and environmental control. If alternative treatment was used, discontinue and use preferred treatment.
		Night awakenings:1 – 3 times / week	
		Interference with normal activity: Some limitation	
		Rescue inhaler use >2 days / week (Not EIB prevention)	
		FEV_1 or peak flow 60 – 80% predicted / personal best	
		Validated questionnaires: ATAQ=1-2; ACQ≥1.5; ACT=16-19	
	Risk*	Exacerbations requiring OCS: ≥2 times / year	
POORLY CONTROLLED	Impairment	Symptoms: Throughout the day	• **Consider a short course of OCS** • **Step up 1 –2 medication steps** and reevaluate control in 2 weeks. NOTE: Before stepping up treatment, review adherence to medication; inhaler technique and environmental control. If alternative treatment was used, discontinue and use preferred treatment.
		Night awakenings:≥4 times / week	
		Interference with normal activity: Extremely limited	
		Rescue inhaler use several times /day (Not EIB prevention)	
		FEV_1 or peak flow <60% predicted / personal best	
		Validated questionnaires: ATAQ =3 – 4; ACT ≤15	
	Risk*	Exacerbations requiring OCS:≥2 times / year	

Medication side effects should always be considered in the overall assessment of risk at every level. For side effects, consider alternative treatment options. In addition, use evaluation of reduction in lung growth or progressive loss of lung function to help determine risk.

ATAQ - Asthma Therapy Assessment Questionnaire; **ACQ** - Asthma Control Questionnaire; **ACT** - Asthma Control Test; **EIB** - Excercise-induced bronchospasm; **FEV_1** - forced expiratory volume in one second; **FVC** - forced vital capacity; **OCS** - oral corticosteroids

The stepwise approach to management of Asthma is meant to help, not replace the clinical decision making process. Clinical judgement should be used when treating individual patients. For further guidance please refer to *Intermountain's Asthma CPM*, the *2020 NHLBI* or *GINA guidelines*.

References

National Asthma Education and Prevention Program, Third Expert Panel on the Diagnosis and Management of Asthma. Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma. Bethesda (MD): National Heart, Lung, and Blood Institute (US); 2007 Aug. Section 3, Component 1: Measures of Asthma Assessment and Monitoring. https://www.ncbi.nlm.nih.gov/books/NBK7230/ *Accessed January 16, 2023.*

Reaffirmed with minor modification in Asthma Care Quick Reference : Diagnosing and Managing Asthma NHLBI 2011 https://www.nhlbi.nih.gov/resources/asthma-care-quick-reference-diagnosing-and-managing-asthma *Accessed January 16, 2023.*

