

What is it? A chart flag that may be affixed to your 'Ohana patients' inpatient charts by our concurrent nurse reviewers when they identify your patients as having the diagnosis of asthma.

Purpose: The flag is a succinct reminder of treatment guidelines and preferred drugs.



Attention Physician
ASTHMA

The 2002 National Asthma Education and Prevention Program (NAEPP) Expert Panel Report 2: Guidelines for the Diagnosis and Management of Asthma recommends:

- **INHALED CORTICOSTEROIDS** as safe, effective and **preferred first-line therapy** for children as well as adults with persistent asthma.
- **Adding long-acting inhaled beta-2 agonists** to inhaled steroids is **more effective** than simply increasing the dose of inhaled steroids for patients over age 5 that have moderate-to-severe persistent asthma.
- **Leukotriene modifiers** and other **anti-inflammatory agents**, i.e., cromolyn sodium are alternatives for mild, persistent asthma.
- **Methylxanthines** can reduce the frequency and severity of persistent symptoms. They are an alternative, but not the preferred, therapy for mild, persistent asthma.

Preferred Drug List:

Inhaled Corticosteroids: Qvar®, Flovent® HFA, Asmanex®

Combination Corticosteroids and Long-acting bronchodilator: Advair®, Symbicort®

Leukotriene Modifiers: Singulair®

Other Anti-Inflammatory Inhalers: Cromolyn Sodium

Methylxanthines: Theophylline ER, Uniphyll®, Aminophylline

Long Acting Beta-2 Agonists: Serevent Diskus®,

Short Acting Beta-2 Agonists: Ventolin® HFA