



Objectives: Asthma

1. In patients of all ages with respiratory symptoms (acute, chronic, recurrent):
 - a. Include asthma in the differential diagnosis.
 - b. Confirm the diagnosis of asthma by appropriate use of: history, physical examination and spirometry.
2. In a child with acute respiratory distress, distinguish asthma or bronchiolitis from croup and foreign body aspiration by taking an appropriate history and doing a physical examination.
3. In a known asthmatic, presenting either because of an acute exacerbation or for ongoing care, objectively determine the severity of the condition with history (including the pattern of medication use), physical examination and spirometry.
4. In a known asthmatic with an acute exacerbation:
 - a. Treat the acute episode (e.g. use beta-agonists repeatedly and steroids)
 - b. Rule out co-morbid disease (e.g. infection, CHF, COPD)
 - c. Determine the need for hospitalization or discharge, including the patient's clinical status, risk of recurrence and/or complications.
5. For the ongoing treatment of an asthmatic, propose a stepwise management plan based on symptoms and severity (e.g. SABA \pm ICS \pm ICS+LABA).
6. For the ongoing (chronic) treatment of an asthmatic, propose patient-centred management plans including:
 - a. Self-monitoring
 - b. Self-adjustment of medication
 - c. Counselling on when to present for assessment
7. For a known asthmatic patient who has ongoing or recurrent symptoms,
 - a. Assess severity and compliance with medication regimens
 - b. Recommend lifestyle adjustments (e.g. avoiding irritants, triggers) that may result in less recurrence and better control.

** Mapped to the CFPC's 105 priority topics: #7-Asthma