

There were two main objectives of this revision:

- Merge the ED/Inpatient guideline with the Diagnosis and Management of Asthma guideline (Outpatient)
- Revise with the most current recommendations from the NIH NHLBI EPR-3 guidelines.

For the most part, little clinical content was changed. The updates reflect the concept of determining asthma therapy based on asthma control. This was revised throughout the guideline. The 2007 National Heart, Lung and Blood Institute Expert Panel Report III was added to the list of references.

Algorithms, Clinical Highlights, Annotations

Algorithms:

The algorithms from both guidelines were not changed—just merged.

Clinical Highlights:

The clinical highlight pertaining to corticosteroids was removed since this group of medications has become standard of practice.

Annotations:

- 3) New tables were added, “Classifying Asthma Severity in children, youths and adults.” These were taken from the 2007 EPR-3 document.
- *8) Added the following reference regarding treatment of exacerbation: McFadden 2003.
- 10) Added new references to support annotation discussion. Kelly, 2004; Wilson, 2003.
- *11) Self-assessment questionnaires that can be completed at office visits are recommended. Various forms can be found on the NHLBI website. Added the reference, Skinner, 2004.
- 12) New tables were added, “Assessing Asthma Control in children, youths and adults.” These were taken from the 2007 EPR-3 document.
- *13) Step care of pharmacologic treatment was updated using both the Global Initiative for Asthma (GINA) and NHLBI EPR-3 guidelines.

- 25) Added the following references to support the annotation discussion of anticholinergics: Plotnick, 2000; Westby, 2004.
- 27) The verbiage regarding the controversial use of levalbuterol and the conclusion grading worksheet were removed. Levalbuterol is now standard of care.
- 30) Added the following reference: ten Brinke, 2005 to support discussion of co-morbidities and other illnesses with Asthma.

Appendices:

The following medication tables were revised/updated:

- Dosages of Drugs for Asthma Exacerbations in Emergency Medical Care or Hospital
- Usual Dosages for Quick-Relief Medications
- Usual Dosages for Long-Term Medications
- Estimated Comparative Daily Dosages for Inhaled Corticosteroids

Priority Aims & Suggested Measures, Measurement Specifications:

Priority Aims and Measures were revised using the concept of determining asthma therapy based on asthma control.

**An asterisk indicates any changes in clinical practice recommendations*