

CHECK LIST FOR IDENTIFYING PERSISTENT ASTHMA

If **ANY** of the following items is true the student has persistent asthma;

- The student has a current prescription for regular use of any of the following medications or any other daily control medication for asthma:
 - Singulair® Flovent® QVar® Pulmicort® (budesonide)
 - Asmanex® Alvesco® Advair® Symbicort®
 - Dulera® theophylline Intal® Tilade®

- The student has taken a systemic steroid after a severe asthma flare-up more than once in the last year, such as any of the following:
 - Decadron Dexamethasone Hydrocortisone Medrol
 - Methylprednisolone Orapred Pediapred Prednisolone
 - Prednisone Prelone Solumedrol Triamcinolone.

- The student is experiencing daytime asthma symptoms (cough, wheeze, shortness of breath, OR chest tightness) more than 2 days a week (past month).

- The student is awakening at night more than 2 times a month due to asthma symptoms (breathing problems or persistent coughing). This is a key indicator of uncontrolled asthma.

- The student is using quick relief medicine (ProAir®, Ventolin®, Proventil® or Xopenex®) more than 2 days a week (past month) for relief of asthma symptoms. This does NOT include students who use SABA for prevention of EIB – exercise induced bronchospasm, UNLESS student has poor endurance, prolonged recovery time after exercise, or asthma symptoms during usual activities.

- The student experiences ANY limitation in their normal activity (even a minor limitation) due to having asthma symptoms (breathing problems or persistent coughing). This includes exercise. With good asthma control, students with asthma should be able to keep up with other children their same age and size.

- The student's FEV1 or peak flow is less than 80% of predicted and has a history of asthma.

- A student with breathing problems or persistent cough at school who has an FEV1 <80% but has not been diagnosed with asthma should be referred to the caregiver with documentation of events at school that suggest asthma for an appointment with a health care provider for a full evaluation.

- Objective measures of airflow (peak flow and FEV1) improve assessment of asthma severity, asthma control, and response to therapy. Many children and adults with asthma do not recognize the degree of airway obstruction which they are experiencing until the airway obstruction is very severe.

If one or more of these items are checked, the student has persistent asthma and should be on a daily control medicine. The preferred treatment for all levels of persistent asthma is ICS!