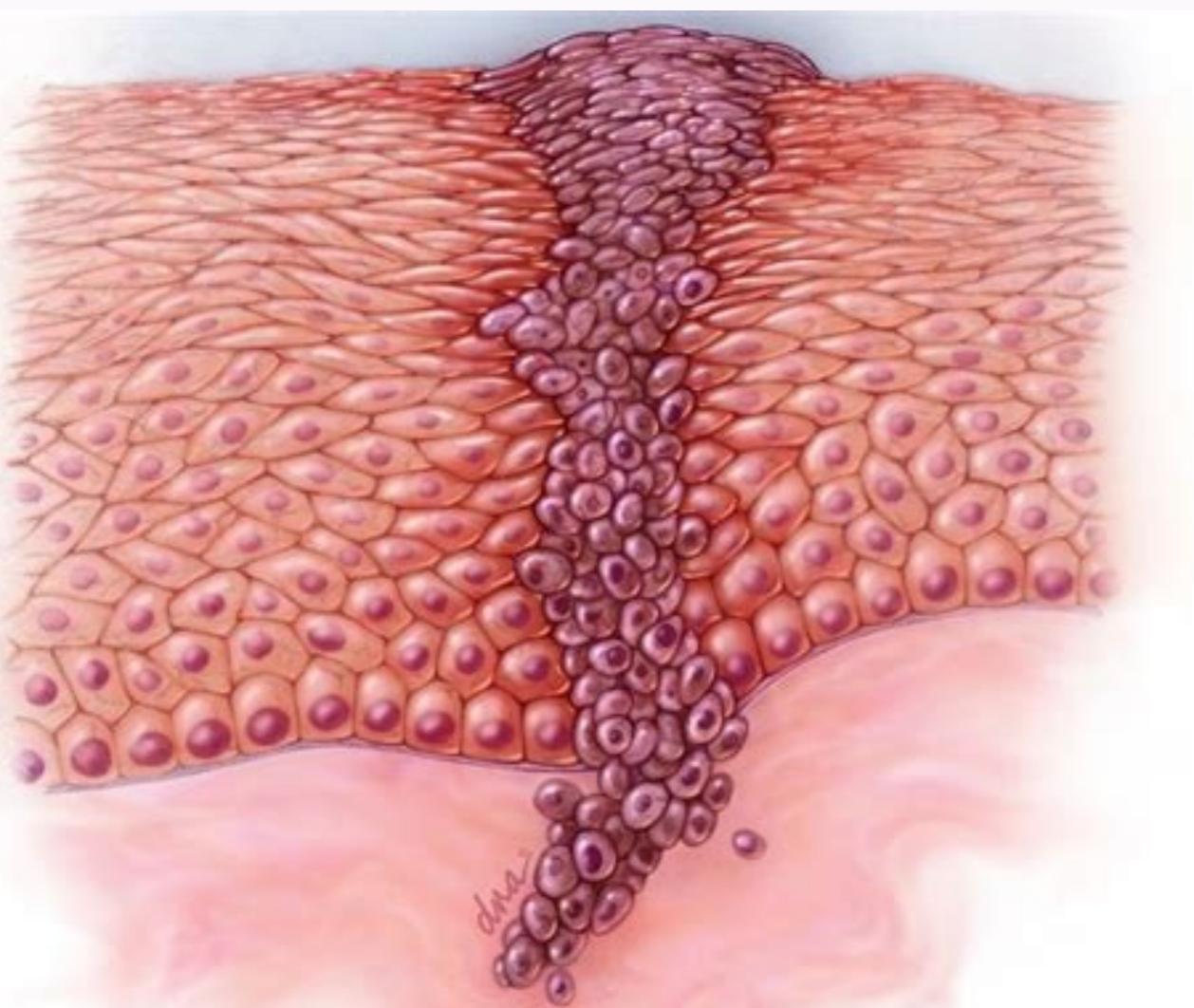


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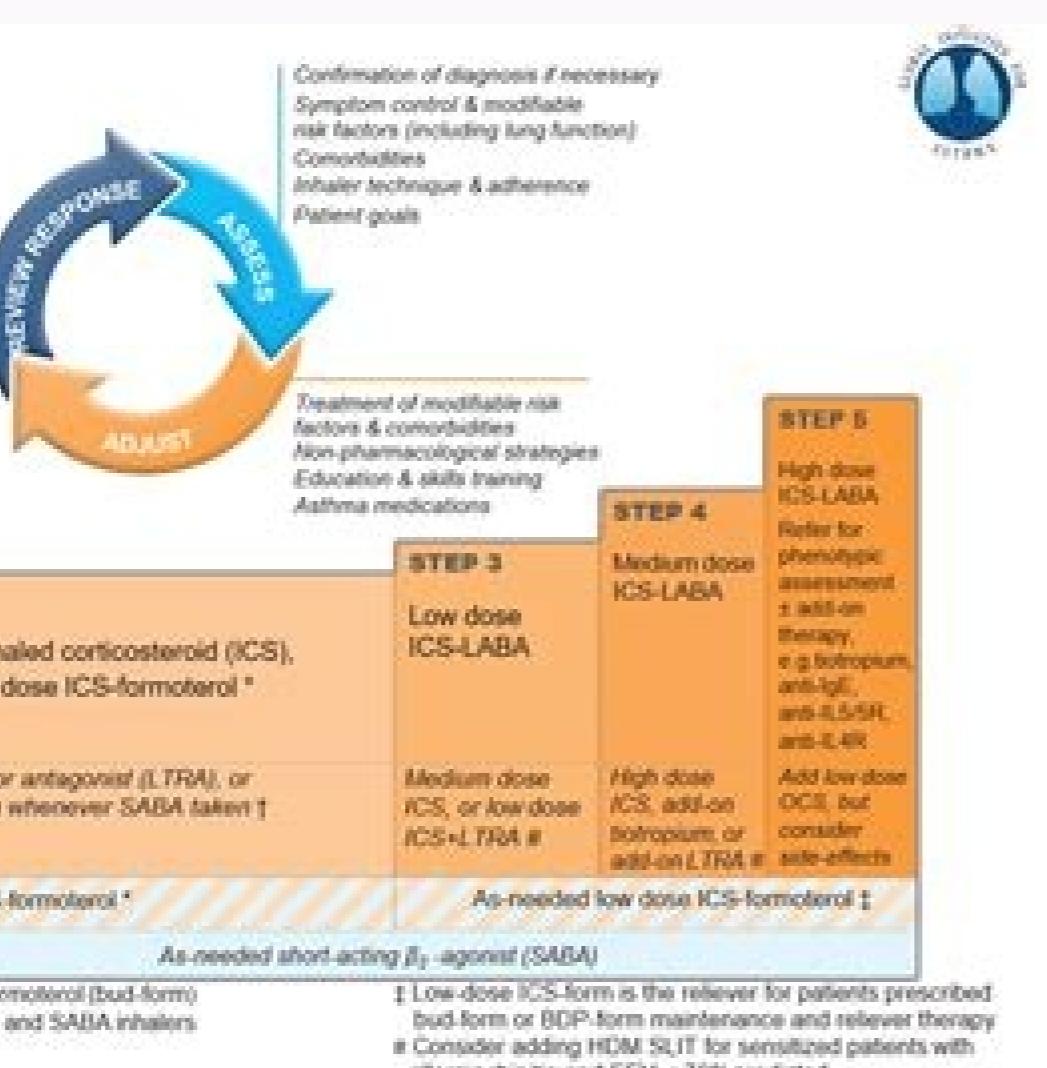
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Asthma treatment guidelines

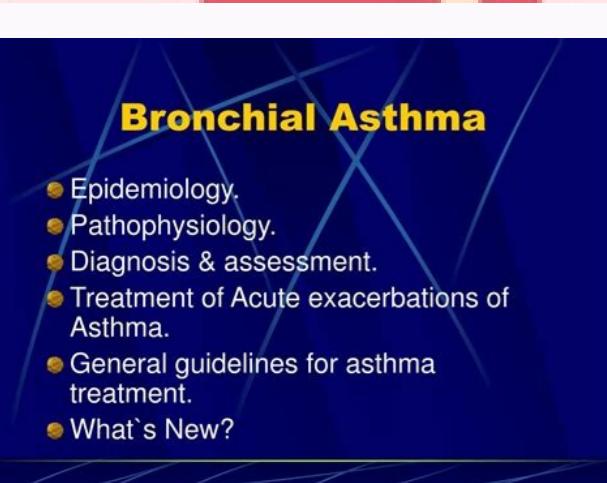
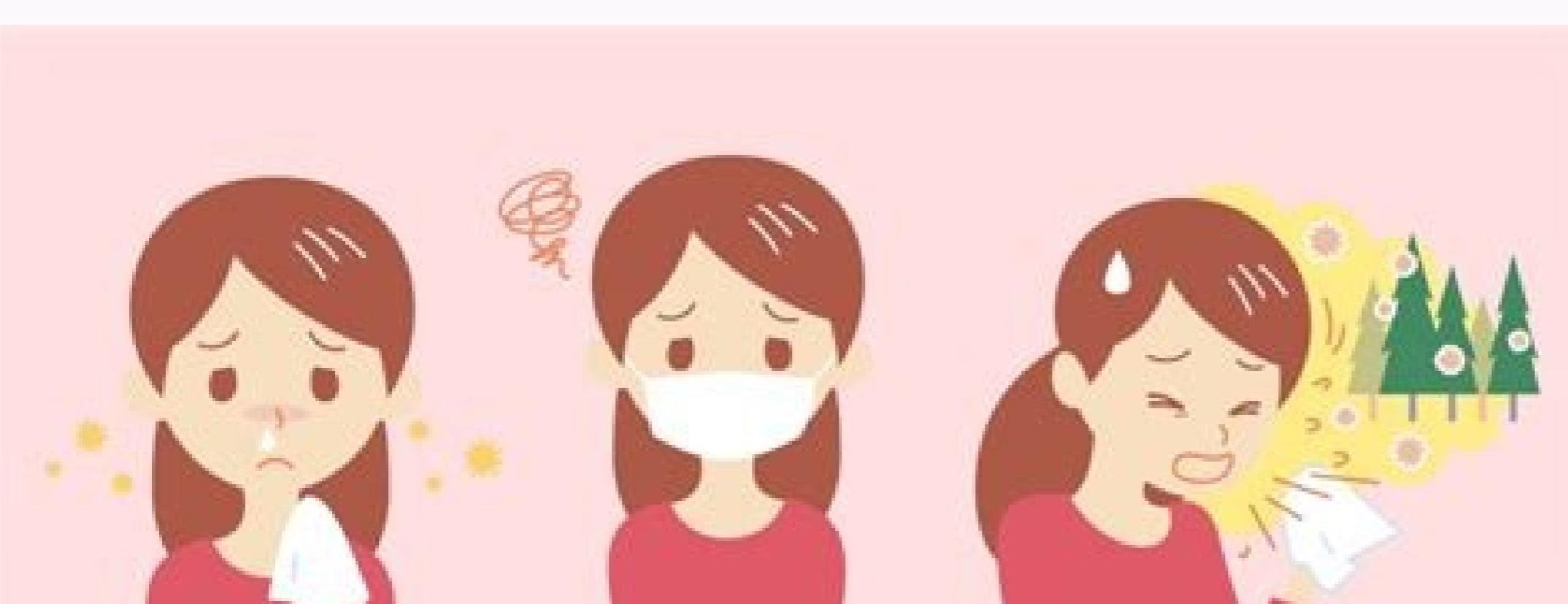
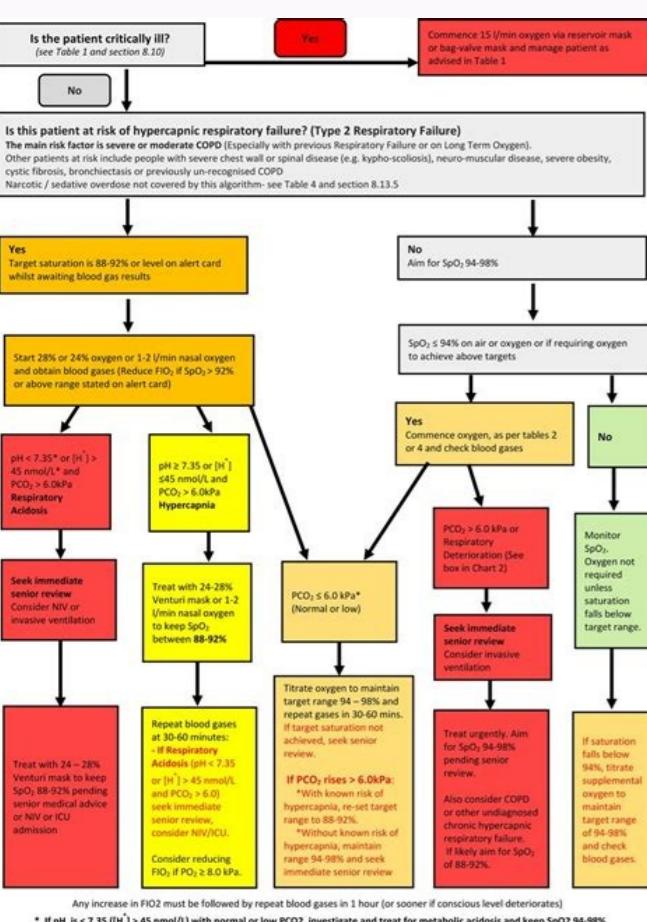


Box 3-5A
Adults & adolescents 12+ years

Personalized asthma management: Assess, Adjust, Review response



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2 Ministry of the Saúde of British Columbia. 2014 (revised). 2008 family practice; 25: 86-91. The following result is typically considered objective evidence of variable obstruction of airflow: an improvement of 12% or larger in FEV1 and > 200 ml of the baseline 15 minutes after the use of an agonist Beta2 of Short Duration Inhaled (Saba) .9 2. In patients with asthma diagnostics and who respond badly to treatment, assuming adhesion, the inhaler and co-morbidity is being treated, reconsider the diagnosis of asthma. For asthma recommendations in patients aged 1 à € "18 years old, see bcguidelines.ca À € " asthma in children - diagnosis and management. 6 Luke AEM, SMEENK FWJM, SMEELIJ et al. 2011; 86 (9): 894-902. 4. Monitor the patient closely and continue the treatment until peak flow readings improve > 60-80% of the patient's best. The role of primary attention to help adolescent and adult patients improve asthma control. The influence of the selection of inhalers in the efficacy of asthma therapies. Main recommendations 30% of patients with asthma are incorrectly; Send all patients to spirometry, when available, to confirm the diagnosis of asthma. British guideline on asthma management: a national clinical guideline. (Dose 1mg / kg / adult day ocs, maximum 50mg / day for 5-7 days). If the patient improves: Review the asthma action plan (PDF, 287KB) (make modifications as needed), review how to monitor symptoms, revise Technique inhaler and adhesion, What to do if the symptoms aggravate and schedule the accompaniment commitment (1 subsequent week) if the patient stabilizes. Mayo Clin Proc. Identify asthma triggers and recommend lifestyle and relevant modifications to support the treatment plan (see Apparency [PDF, 98KB]). Ensure that the patient can pay the prescribed medication. Treatment steps: Saba with a 2-6 puffs spacer every 20 min for the first hour, then decreases the frequency based on the patient's response. A good answer to Saba is PEF>PEF>. From personal staff. 50-79% is an incomplete response.

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