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Components of Control		Classification of Asthma Control (Youths ≥12 years of age and adults)		
		Well-Controlled	Not Well-Controlled	Very Poorly Controlled
Impairment	Symptoms	≤2 days/week	>2 days/week	Throughout the day
	Nighttime awakening	≤2x/month	1–3x/week	≥4x/week
	Interference with normal activity	None	Some limitation	Extremely limited
	Short-acting beta ₂ -agonist use for symptom control (not prevention of EIB)	≤2 days/week	>2 days/week	Several times per day
	FEV ₁ or peak flow	>80% predicted/ personal best	60–80% predicted/ personal best	<60% predicted/ personal best
	Validated Questionnaires			
	ATAQ ACQ ACT	0 ≥0.75* ≥20	1–2 ≥1.5 16–19	3–4 N/A ≤15
Risk	Exacerbations	0–1/year	≥2/year (see note) Consider severity and interval since last exacerbation	
	Progressive loss of lung function	Evaluation requires long-term followup care		
	Treatment-related adverse effects	Medication side effects can vary in intensity from none to very troublesome and worrisome. The level of intensity does not correlate to specific levels of control but should be considered in the overall assessment of risk.		

*ACQ values of 0.76–1.4 are indeterminate regarding well-controlled asthma.

Key: EIB, exercise-induced bronchospasm; FEV₁, forced expiratory volume in 1 second. See figure 3–8 for full name and source of ATAQ, ACQ, ACT.

Notes:

- The level of control is based on the most severe impairment or risk category. Assess impairment domain by patient's recall of previous 2–4 weeks and by spirometry/or peak flow measures. Symptom assessment for longer periods should reflect a global assessment, such as inquiring whether the patient's asthma is better or worse since the last visit.
- At present, there are inadequate data to correspond frequencies of exacerbations with different levels of asthma control. In general, more frequent and intense exacerbations (e.g., requiring urgent, unscheduled care, hospitalization, or ICU admission) indicate poorer disease control. For treatment purposes, patients who had ≥2 exacerbations requiring oral systemic corticosteroids in the past year may be considered the same as patients who have not-well-controlled asthma, even in the absence of impairment levels consistent with not-well-controlled asthma.

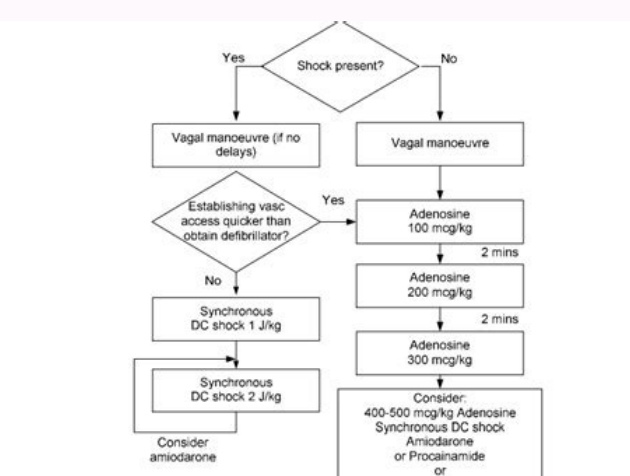
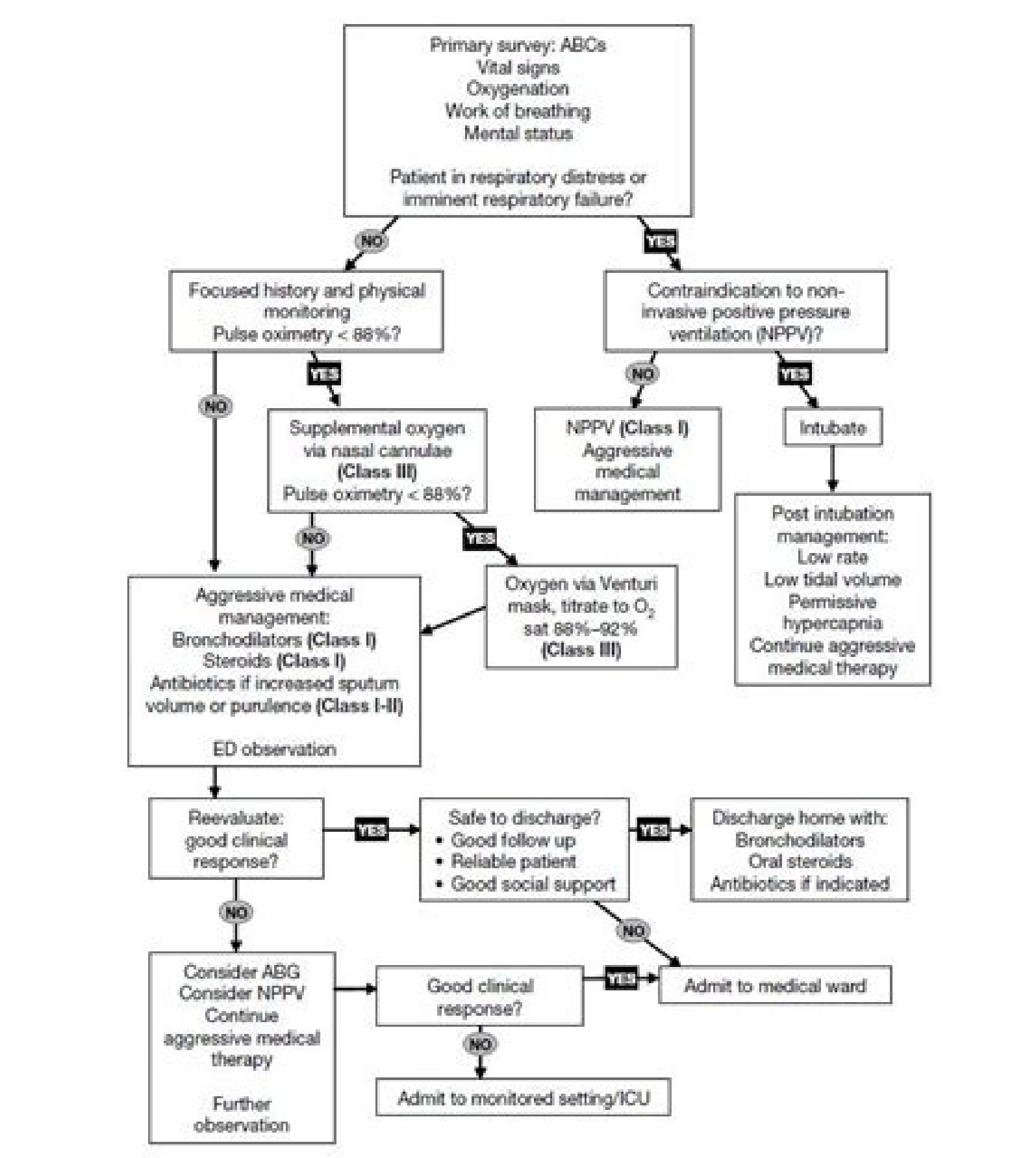


Figure 10.3. Algorithm for the management of supraventricular tachycardia

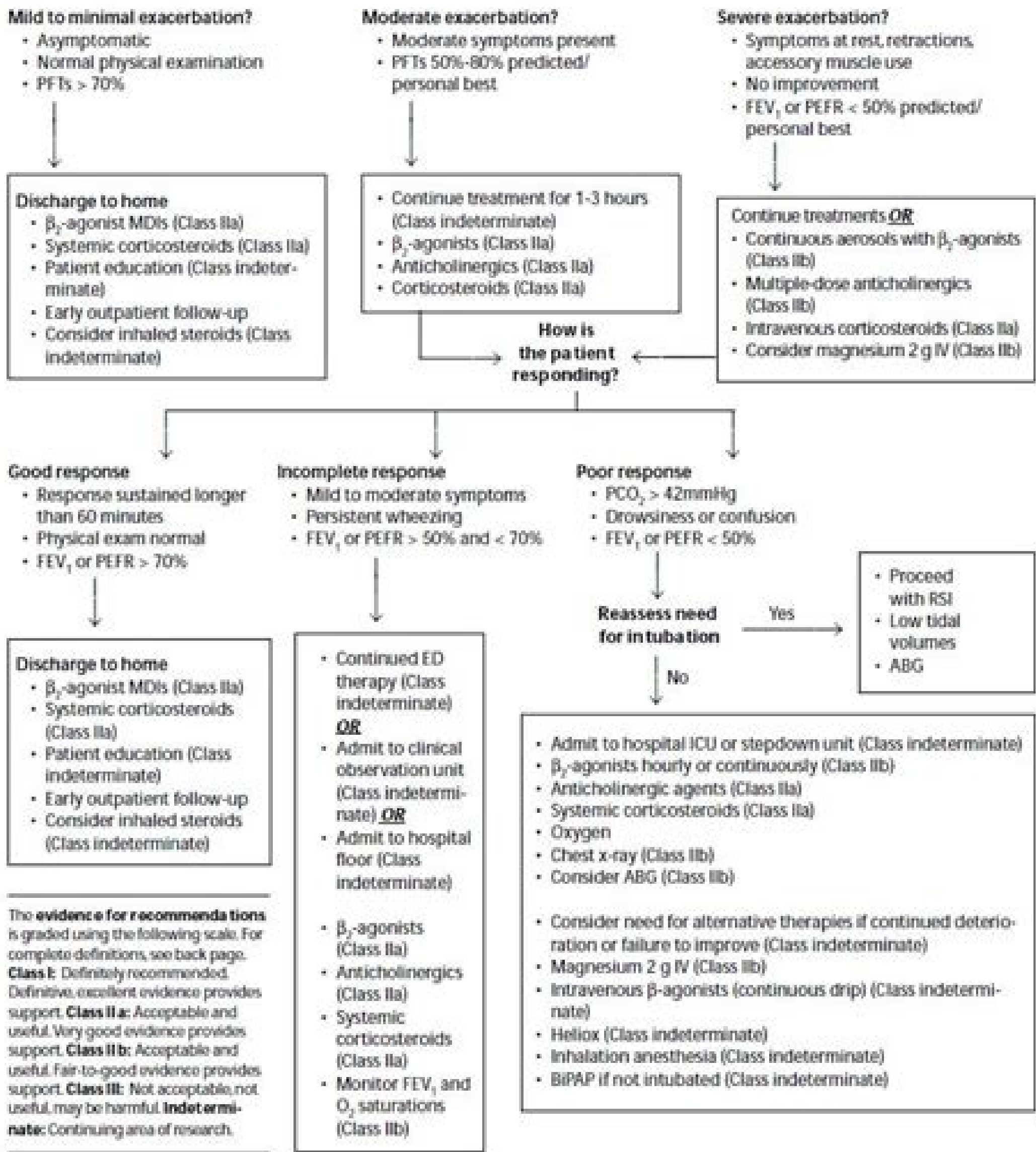
Clinical Pathway: Therapeutic Management Of COPD Exacerbation



The evidence for recommendations is graded using the following scale. For complete definitions, see back page. **Class I:** Definitely recommended. Definitive, excellent evidence provides support. **Class II:** Acceptable and useful. Good evidence provides support. **Class III:** May be acceptable, possibly useful. Fair-to-good evidence provides support. **Class Indeterminate:** Continuing area of research. This clinical pathway is intended to supplement, rather than substitute for, professional judgment and may be changed depending upon a patient's individual needs. Failure to comply with this pathway does not represent a breach of the standard of care.

Class	Definition	Example
Class I	Definitive, excellent evidence provides support.	Class I: Definitely recommended.
Class II	Acceptable and useful. Good evidence provides support.	Class II: Acceptable and useful.
Class III	May be acceptable, possibly useful. Fair-to-good evidence provides support.	Class III: May be acceptable, possibly useful.
Class Indeterminate	Continuing area of research.	Class Indeterminate: Continuing area of research.

Clinical Pathway: Management Of Patients With An Acute Asthma Exacerbation (continued)



This clinical pathway is intended to supplement, rather than substitute, professional judgment and may be changed depending upon a patient's individual needs. Failure to comply with this pathway does not represent a breach of the standard of care.

To obtain orientation about the management of non-adherence to medicines in people with asthma, consult the nice guide about the adherence of medicines. This section refers to children under 5 years with suspicious or confirmed asthma, or with asthma symptoms that are not controlled in their current treatment. The review history, and any updating of the guide in the intermediate period, will be noted in the review report. Nice accepts any responsibility for the use of its content in this product / publication. Published Date: November 29, 2017. Does not cover severe asthma management or acute asthma attacks. Nothing in this guide should be interpreted in a way that would be inconsistent with complying with those duties. See the guide on the development page for progress in the update. A good orientation is prepared for the National Health Service in England. How this guide was developed this guide was developed using a standard methodology based on a systematic review of evidence. [A] At the time of publication (November 2017), not all LTRA have a marketing authorization of the United Kingdom for use in children and young people under 16 years of age for this indication. Read more ... Local commissioners and medical care providers have the responsibility to allow guide to apply when individual professionals and people who use services wish to use it. It is expected that this asthma guide continues to serve as a basis for the high quality management of acute and chronic asthma and a stimulus for research in management areas for which there is little evidence. The guide will also be of interest for people with asthma, their parents and caregivers, those who interact with people with asthma outside the NHS, as teachers, Voluntary organizations with interest in asthma, And those who The delivery of services in the NHS in England, Wales, Northern Ireland and Scotland. This section refers to adults (17 years and more) with receiving Asthma or asthma that is uncontrolled in its current treatment. The evidence to increase the doses of ICS to the auto-management of asthma control is limited, consider an asthma self-management program, comprising a custom written action plan (including approaches to minimize exposure to indoor air pollution and Outdoors) and education, for families or caregivers. Of children under 5 years with suspicion or confirmed asthma. Consider the decrease in maintenance therapy when a person's asthma has been controlled with its current maintenance therapy for at least 3 months discussing with the person (or family or caregiver if it is appropriate) the potential. Risks and benefits of the reduction of maintenance therapy by reducing maintenance therapy: Stop or reduce the dose of medications in an order that takes into account clinical effectiveness when introduced, side effects and person's preference only consider stop the treatment of the ICS completely for people who are using low dose ICS alone as maintenance therapy and are free of symptoms according to the person (or their family or caregiver, if applicable), the way in that the effects of the decrease in maintenance therapy will be monitored and reviewed, including self-control and monitoring with a professional health review and will update the person's asthma action plan by decreasing maintenance therapy . For adults, young, and children of 5 years and more with a diagnosis of asthma (and their families or caregivers, if applicable): They offer an asthma self-management program, which includes a personalized action plan by Written and education Explain that pollution can trigger or exacerbate asthma, and includes personalized action plan approaches to minimize exposure to the indoor and outdoor air to obtain more orientation on how to minimize the exposure and effect of air pollution, see: Within a self-management program, they offer a greater dose of ICS by 7 days for adults (17 years años ON) that they are using an ICS in a single inhaler, when asthma control deteriorates. When the recommendations represent a change of traditional clinical practice, children and young people whose asthma is well controlled in their current treatment should not have changed their treatment purely to follow the guide. Â © Nice 2021.Â asthma: diagnosis, monitoring and chronic management of asthma. For treatment trajectory algorithms, see the complete online summary in the guidelines. Note the possible reasons for uncontrolled asthma, before starting or adjusting medications for asthma in adults, young girls and children. Recommendations This guide includes recommendations on: Â Â