Asthma Management Starts with Asthma Screenings

When you can’t breath, nothing else matters.
Respiratory Therapy and Asthma

Respiratory Therapists can follow Asthmatics in all places, situations and scenarios which include:

- Hospital ER’s
- ICU’s
- Clinics
- Breathmobiles
- Health Fairs.
Respiratory Therapy and Asthma

Preventative Care

Critical Care
Respiratory Therapy Responsibilities with Asthma

**Preventative Care**
- Asthma Education
- Self Management
- Spirometry and Pulmonary Function Tests
- MDI and Equipment Teaching

**Critical Care**
- Breathing Treatments
- Airway and Blood Gas Management
- Ventilator Management
What is EPR 3?

“The EPR 3 Guidelines on Asthma was developed by an expert panel commissioned by the National Asthma Education and Prevention Program (NAEPP) Coordinating Committee (CC), coordinated by the National Heart, Lung, and Blood Institute (NHLBI) of the National Institutes of Health.”
EPR 3

440 pages

Introduction

Acknowledgements and Financial Disclosures

Acronyms and Abbreviations

Preface

Five Sections
Four Components of Asthma Management

1. Measures of assessment and monitoring, obtained by objective tests, physical examination, patient history and patient report, to diagnose and assess the characteristics and severity of asthma and to monitor whether asthma control is achieved and maintained.

2. Education for a partnership in asthma care.

3. Control of environmental factors and comorbid conditions that affect asthma.

4. Pharmacologic therapy.
Component #1

Measures of assessment and monitoring, obtained by objective tests, physical examination, patient history and patient report, to diagnose and assess the characteristics and severity of asthma and to monitor whether asthma control is achieved and maintained...

SCREENING
Goals of Asthma Screenings

Collect Data for a Diagnosis and Plan

Teach Patients to Self Manage Asthma

To follow up on Adherence of Diagnosis and Plan
Asthma Management Starts with a Screening.

Common Asthma Cycle

- Home
- Exacerbation
- Treat em and Street em
- ER

Asthma Care Cycle

- Screening
- Follow Up
- Diagnosis
- Plan
- Screen
What is an Asthma Screening? What information is collected?

- History and Questionnaires
- Physical Assessment and Measurements
Questionnaires

- Medical History and Information
- SocioEconomic History and Information
- Environmental History and Information
Medical History and Questionnaires

Severity and Control

- Frequency of Symptoms
- Night time Awakenings
- SABA use (Albuterol)
- Interference with normal activity
- Lung Function Results
- Exacerbation requiring oral Corticosteroids
- ATAQ, ACT, ACQ Validated Questionnaires
Asthma severity is the intrinsic intensity of the disease process and dictates which step to initiate treatment. Asthma control is the degree to which the goals of therapy are met (e.g., prevent symptoms/exacerbations, maintain normal lung function and activity levels). The classification of severity or level of control is based on the most severe impairment or risk category in which any feature occurs. Assess impairment domain by patient’s recall of previous 2–4 weeks and/or 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 last visit.

<table>
<thead>
<tr>
<th>Components of SEVERITY</th>
<th>Age (Years)</th>
<th>Classification of Asthma SEVERITY (Intermittent vs. Persistent)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Intermittent</td>
<td>Mild</td>
</tr>
<tr>
<td>Symptoms</td>
<td>All</td>
<td>≤ 2 days/week</td>
</tr>
<tr>
<td>Nighttime awakenings</td>
<td>0–4</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>≥ 5</td>
<td>≤ 2x/month</td>
</tr>
<tr>
<td>SABA use for symptom control</td>
<td>All</td>
<td>≤ 2 days/week</td>
</tr>
<tr>
<td>Interference with normal activity</td>
<td>All</td>
<td>None</td>
</tr>
<tr>
<td>Lung function: FEV1 (predicted) or PEF (personal best)</td>
<td>≥ 5</td>
<td>Normal FEV1 between exacerbations</td>
</tr>
<tr>
<td></td>
<td>5–11</td>
<td>&gt; 85%</td>
</tr>
<tr>
<td></td>
<td>≥ 12</td>
<td>Normal</td>
</tr>
<tr>
<td>Exacerbations requiring oral corticosteroids</td>
<td>0–4</td>
<td>≤ 1x/year</td>
</tr>
<tr>
<td></td>
<td>5–11</td>
<td></td>
</tr>
<tr>
<td></td>
<td>≥ 12</td>
<td></td>
</tr>
<tr>
<td>Recommended step for starting treatment</td>
<td>0–4</td>
<td>Step 1</td>
</tr>
<tr>
<td></td>
<td>5–11</td>
<td></td>
</tr>
<tr>
<td></td>
<td>≥ 12</td>
<td></td>
</tr>
<tr>
<td></td>
<td>All</td>
<td></td>
</tr>
</tbody>
</table>

In 2–6 weeks, evaluate level of asthma control that is achieve and adjust therapy accordingly. For children 0–4 years old, if no clear benefit is observed in 4–6 weeks, stop treatment and consider alternative diagnosis or adjusting therapy.

FEV1, forced expiratory volume in 1 second; FVC, forced vital capacity; PEF, peak expiratory flow; SABA, short-acting beta-agonist.
### Stepwise Approach for Managing Asthma Long Term

**Step UP if needed** (first check inhaler technique, adherence, environmental control, and comorbid conditions)

**ASSESS CONTROL**
- Step DOWN if possible (and asthma is well controlled for at least 3 months)

<table>
<thead>
<tr>
<th>Step 1</th>
<th>Step 2</th>
<th>Step 3</th>
<th>Step 4</th>
<th>Step 5</th>
<th>Step 6</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Intermittent Asthma</strong></td>
<td><strong>Persistent Asthma: Daily Medication</strong></td>
<td>Consult with asthma specialist if step 3 care or higher is required. Consider consultation at step 2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Preferred</strong></td>
<td>Low-dose ICS</td>
<td>Medium-dose ICS</td>
<td>Medium-dose ICS + LABA or montelukast</td>
<td>High-dose ICS + LABA or montelukast</td>
<td>High-dose ICS + Oral corticosteroids + LABA or montelukast</td>
</tr>
<tr>
<td><strong>0-4 Years</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preferred</td>
<td>SABA as needed</td>
<td>Low-dose ICS</td>
<td>Medium-dose ICS</td>
<td>Medium-dose ICS + LABA or montelukast</td>
<td>High-dose ICS + LABA or montelukast</td>
</tr>
<tr>
<td>Alternative</td>
<td>Cromolyn or montelukast</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Patient education and environmental control at each step.**

**Rescue Medication**
- SABA as needed for symptoms. Treatment intensity depends on symptom severity.
- With viral respiratory symptoms, SABA every 4-6 hours up to 24 hours (longer with physician consult).
- Consider short course of oral corticosteroids if exacerbation is severe or if patient has history of previous severe exacerbations.
- Frequent or increasing use of SABA may indicate inadequate control and the need to step up treatment.
<table>
<thead>
<tr>
<th>Components of CONTROL</th>
<th>Age (Years)</th>
<th>Level of Asthma CONTROL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Well Controlled</td>
</tr>
<tr>
<td><strong>Impairment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Symptoms</td>
<td>0 – 4</td>
<td>≤ 2 days/week but ≤ 1x/day</td>
</tr>
<tr>
<td></td>
<td>5 – 11</td>
<td>≤ 2 days/week</td>
</tr>
<tr>
<td></td>
<td>≥ 12</td>
<td></td>
</tr>
<tr>
<td>Nighttime awakenings</td>
<td>0 – 4</td>
<td>≤ 1x/month</td>
</tr>
<tr>
<td></td>
<td>5 – 11</td>
<td>≤ 2x/month</td>
</tr>
<tr>
<td></td>
<td>≥ 12</td>
<td>1–3x/month</td>
</tr>
<tr>
<td>Interference with normal activity</td>
<td>All</td>
<td>None</td>
</tr>
<tr>
<td>SABA use for symptoms</td>
<td>All</td>
<td>≤ 2 days/week</td>
</tr>
<tr>
<td>Lung function</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FEV1 (predicted) or PEF (personal best)</td>
<td>≥ 5</td>
<td>&gt; 80%</td>
</tr>
<tr>
<td></td>
<td>5 – 11</td>
<td>&gt; 80%</td>
</tr>
<tr>
<td>FEV1/FVC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Validated questionnaires</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ATAQ</td>
<td>≥ 12</td>
<td>0</td>
</tr>
<tr>
<td>ACQ</td>
<td>≥ 12</td>
<td>≤ 0.75</td>
</tr>
<tr>
<td>ACT</td>
<td>≥ 12</td>
<td>≥ 20</td>
</tr>
<tr>
<td><strong>Risk</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exacerbations requiring oral corticosteroids</td>
<td>0 – 4</td>
<td>≤ 1x/year</td>
</tr>
<tr>
<td></td>
<td>5 – 11</td>
<td></td>
</tr>
<tr>
<td></td>
<td>≥ 12</td>
<td></td>
</tr>
<tr>
<td>Reduction in lung growth</td>
<td>5 – 11</td>
<td></td>
</tr>
<tr>
<td>Loss of lung function</td>
<td>≥ 12</td>
<td></td>
</tr>
<tr>
<td>Treatment-related adverse effects</td>
<td>All</td>
<td></td>
</tr>
<tr>
<td><strong>Recommended treatment actions</strong></td>
<td>All</td>
<td>Maintain current step; regular follow-up at every 1–6 months; consider stepping down if well controlled for ≥ 3 months</td>
</tr>
</tbody>
</table>

ACQ, Asthma Control Questionnaire; ACT, Asthma Control Test; ATAQ, Asthma Therapy Assessment Questionnaire; FEV1, forced expiratory volume in 1 second; FVC, forced vital capacity; PEF, peak expiratory flow; SABA, short-acting beta-agonist
**Communicate with Your Child’s Doctor About His/Her Asthma**

Asthma also includes reactive airway disease, regular coughing, wheezing, or difficulty breathing with or without colds.

Your child’s name: ___________________________ Today’s Date: ___________________________

When was your child’s last asthma visit? ________________ If your child has never had an asthma visit, check here: ☐

Please check one answer for each of the following questions. Your answers will help your doctor give you the best asthma care.

Questions 1-5 ask about how your child’s asthma has been over the past 12 months, not just today. If your child has had asthma for less than 12 months, then think about how things have been since he/she started having breathing problems.

<table>
<thead>
<tr>
<th>Over the past 12 months</th>
<th>Getting Better</th>
<th>Staying The Same</th>
<th>Getting Worse</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How has your child’s asthma been?</td>
<td>Green</td>
<td>Yellow</td>
<td>Red</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Over the past 12 months</th>
<th>Not Bothered</th>
<th>Somewhat Bothered</th>
<th>Very Bothered</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. How much have you been bothered by your child’s asthma?</td>
<td>Green</td>
<td>Yellow</td>
<td>Red</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Over the past 12 months</th>
<th>Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before today:</td>
<td>0</td>
</tr>
<tr>
<td>3. How many times has your child been to urgent care for asthma?</td>
<td>Green</td>
</tr>
<tr>
<td>4. How many times has your child been to the emergency room for asthma?</td>
<td>Green</td>
</tr>
<tr>
<td>5. How many times has your child been hospitalized for asthma?</td>
<td>Green</td>
</tr>
<tr>
<td>6. How many times has your child used an oral steroid (OralPred, steroid pill, steroid liquid or steroid syrup) for asthma? Don’t include today.</td>
<td>Green</td>
</tr>
</tbody>
</table>

FOR CLINICIAN USE ONLY:

Assign patient’s level of chronic asthma control by looking at the box checked farthest to the right on questions 3-6. Match the box color to the level of asthma control in this section.

<table>
<thead>
<tr>
<th>Controlled</th>
<th>Partly Controlled</th>
<th>Mildly Uncontrolled</th>
<th>Moderately Uncontrolled</th>
<th>Severely Uncontrolled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green</td>
<td>Yellow</td>
<td>Red</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Take Medicine**

7. How often do you give your child’s daily asthma medicine when he/she feels fine?

Daily asthma medicines include: Advair, Alvesco, Asmanex, Budesonide, Flovent, QVAR, Pulmicort, Singulair, Symbicort

<table>
<thead>
<tr>
<th>My child is not supposed to take a daily asthma medicine</th>
<th>All of the time</th>
<th>Most of the time</th>
<th>Some of the time</th>
<th>None of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-7 days/week</td>
<td>3-4 days/week</td>
<td>1-2 days/week</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Pediatric Asthma Control & Communication Instrument

### Asthma Symptoms

7. Over the **past week**, how many days has your child had asthma symptoms? For example:

<table>
<thead>
<tr>
<th>Days</th>
<th>0</th>
<th>1-2</th>
<th>3-6</th>
<th>Every day (not all day long)</th>
<th>Every day (all day long)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cough</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest tightness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shortness of breath</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sputum (spit, mucous, phlegm when coughing)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty taking a deep breath</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wheezy or whistling sound in the chest</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. Over the **past week**, how many days have you had to give your child medicine to quickly relieve asthma symptoms? For example:

<table>
<thead>
<tr>
<th>Days</th>
<th>0</th>
<th>1-2</th>
<th>3-6</th>
<th>Every day (not all day long)</th>
<th>Every day (all day long)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albuterol</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inhaler</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spray</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pump</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Machine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nebulizer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Reliever use

### Attacks

9. Over the **past week**, how many days did your child have an asthma attack? For example:

<table>
<thead>
<tr>
<th>Days</th>
<th>0</th>
<th>1</th>
<th>2-3</th>
<th>4-7</th>
</tr>
</thead>
<tbody>
<tr>
<td>When it is harder for your child to breathe</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When you give your child more asthma medicine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When the asthma medicine does not work</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Activity Limitation

10. Over the **past week**, how much has asthma limited your child’s activities?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Slightly</th>
<th>Moderately</th>
<th>Very much</th>
<th>Completely</th>
</tr>
</thead>
</table>

### Nighttime Symptoms

11. Now for this question, please answer about the past 2 weeks:

How many nights did **your child’s asthma** keep your child from sleeping or wake him/her up in the past 2 weeks?

<table>
<thead>
<tr>
<th>Nights</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3-7</th>
<th>8-14</th>
</tr>
</thead>
</table>

### For clinician use only – Asthma Control Assignment

Assign patient’s current level of asthma control by looking at box checked farthest to the right on questions 7-11 and match color of this box to level of asthma control in this section and circle and/or document in patient’s chart:

- Controlled
- Not Controlled
- Mild intermittent
- Mild persistent
- Moderate persistent
- Severe persistent
Physical Assessment and Measurements

- Vitals
- Breath Sounds (wheezeing)
- Breathing pattern
- Spirometry
- Exhaled Nitric Oxide
- Allergy and Blood tests
- MDI Evaluation
Asthma is an Obstructive Disease and Limits Exhalation
Spirometry

Is a Pulmonary Function Test (PFT), that measures lung function, specifically the amount (volume) and/or speed (flow) of air that can be inhaled and exhaled.

(Flow-Volume Loop.)

“Gold Standard of Asthma Diagnosis”
Spirometry

Patient takes a deep breath and blows as hard as possible into tube

Clip on nose

Technician monitors and encourages patient during test

Machine records the results of the spirometry test
Flow Volume Loop

- **FVC**: The volume change of the lung between a full inspiration to total lung capacity and a maximal expiration to residual volume.
- **PEF**: Peak Expiratory Flow is the maximum flow generated during expiration performed with maximal force.
- **FEV1**: The FEV1 is the volume exhaled during the first second of a forced expiratory maneuver.
- **FEF 25-75%**: Forced Expiratory Flow of FEV1. Mid Expiratory Flow
- **FEV1%/FVC**: is the standard index for assessing airflow obstruction.
Flow-Volume Loops

Normal

Normal Vs Asthmatic
Pre and Post Spirometry
Spirometry and Asthma

A patient with reactive airway disease or Asthma will have at least a 12% or 200 ml increase in FEV1 between the Pre and Post Spirometry tests.
Asthma Screening is collecting the pieces of the Asthma Puzzle
Completed Screenings

- Completed Questionnaires
- Completed Physical Assessment
- Completed Pulmonary Function Tests
EPR 3 Asthma Management

1. Diagnose Asthma
2. Assess Severity
3. Initiate Medication and Demonstrate Use
4. Develop Written Asthma Action Plan
5. Schedule Follow up appointment
Respiratory Inhalers At a Glance

Short-acting bronchodilators relax tight muscles in airways and offer quick relief of symptoms such as coughing, wheezing and shortness of breath for 3-6 hours.

- ProAir HFA
- Proventil HFA
- Ventolin HFA
- Xopenex HFA
- Arcapta Neohaler
- Foradil Aerolizer
- Serevent Diskus

Long-acting bronchodilators last longer relief of symptoms such as coughing, wheezing and shortness of breath for at least 12 hours.

- Flovent Diskus
- Symbicort (HFA)
- QVAR (HFA)

Inhaled corticosteroids reduce and prevent swelling of airway tissue; they do not relieve sudden symptoms of coughing, wheezing or shortness of breath.

- Asmanex Twisthaler
- Alvesco HFA
- Pulmicort Flexhaler
- QVAR (HFA)

Combination medications contain both long-acting bronchodilator and inhaled corticosteroid.

- Advair HFA
- Breo Ellipta
- Duleara
- Symbicort (HFA)

Anticholinergics relieve cough, sputum production, wheeze and chest tightness associated with chronic lung diseases.

- Atrovent HFA
- Spiriva HandiHaler
- Tudorza Pressair

Reviewed by Dennis Williams, PharmD.

©2013 Allergy & Asthma Network Mothers of Asthmatics
Controller Medicines

Take the medicine(s) circled below every day even when feeling well.
Take _______ puffs _________ times a day every day.
Take ____ Singulair pill(s) or packet every day.

Using a spacer is the best way to get medicine into the lungs and avoid side effects.
Please use the spacer circled below with your inhaler.
MY ASTHMA ACTION PLAN
Use traffic light colors to help control asthma.

Asthma Severity: □ Mild Intermittent: Symptoms ≤ 2 days/wk, ≤ 2 nights/mo.
□ Moderate Persistent: Symptoms ≥ 2 days/wk, > 2 nights/mo.
□ Severe Persistent: Symptoms continual, frequent nights.
Classification: □ Moderate Persistent: Symptoms daily, > 5 nights/mo.

GREEN = GO!
I Feel Good
• Breathing is good, and
• No cough or wheeze, and
• Can work or play as normal, and

Peak Flow Number is:

80% to 100%

Every-Day Medicines for Long-Term Control & Prevention at home

<table>
<thead>
<tr>
<th>Medicine</th>
<th>How Much</th>
<th>When</th>
</tr>
</thead>
</table>

At 5 to 20 minutes before sports or hard play take:

Albuterol________sprays, using spacer

YELLOW = TAKE ACTION
I Don’t Feel Good
• Congested or tight chest or
• Cough or
• Wheezing or
• Short of breath or fast breathing

or... Peak Flow Number is:

80% to 79%

Continue the Green Zone Every-Day Medicine, and Start Quick-Relief Medicine (Albuterol) at home or school to stop your asthma from getting worse.

1. Start albuterol (inhaler with spacer, or by machine) now:
   • 1 spray; then wait 1 minute and repeat.
2. If not improved in 30 minutes, repeat albuterol____sprays.
3. If improved, then____sprays every____hours, as needed.
4. If not improved after taking albuterol____times, or if still in Yellow Zone after____days, then start____
   And Phone Your Doctor:

RED = URGENT-EMERGENCY!
I Feel Awful
• Medicine is not helping or
• Working hard to breathe or
• Uncontrolled cough or
• Severe chest tightness/congestion or
• Trouble talking or walking (EMERGENCY) or
• Blue lips/rails or drowsy (EMERGENCY)

or... Peak Flow Number is:

0% to 69%

Take Quick-Relief Medicine and get help from a doctor, NOW!

1. Take albuterol right away;____sprays or by machine and
2. Start oral steroids:____mg, and
3. Repeat albuterol____sprays or by machine, if necessary. AND
   Go To Emergency Room / Call 911 or go to your doctor
   or clinic NOW. Do Not Wait!
   If you go to the Emergency Room, make appointment with your doctor the next day.

Authorization and Disclaimer from Parent/Guardian. I request that the school assist my child with the above asthma medications and the Asthma Action Plan in accordance with state laws and regulations. Yes □ No □

My child may carry and self-administer asthma medications and I agree to release the school district and school personnel from all claims of liability if my child suffers any adverse reactions from self-administration of asthma medications. Yes □ No □

Parent/Guardian Name: ____________________________________________

Signature: ________________ Date: ________________

Healthcare Provider: My signature provides authorization for the above written orders. I understand that all procedures will be implemented in accordance with state laws and regulations. Student may carry and self-administer asthma medications. Yes □ No □

(This authorization is for a maximum of one year from signature date.)

Provider Name/Contact: ____________________________________________

Signature: ________________ Date: ________________

Provider Address: ____________________________________________

PATIENT COPY
Asthma Plan Adherence

“In 2008 less than half of people with asthma reported being taught how to avoid triggers. Almost half (48%) of adults who were taught how to avoid triggers did not follow most of this advice.”

CDC Vital signs, Asthma In the US. May 2011
Where to get Asthma Screenings?

Breathmobiles

Physician Offices
Where to get Asthma Screenings?
Screening Obstacles

- Insurance
- Reimbursements
- Time
- School and Work
- Transportation and Location
- Referrals
Asthma Review

Asthma is a Chronic Disease.

Asthma Needs to be Managed.

Asthma Management Starts with Asthma Screenings.
Tim Strom

RCP
RRT-NPS
AE-C