

Circumstances for considering consultation or referral to an asthma specialist.

- Instability of the patient's asthma; uncontrolled asthma may be associated with widely variable pulmonary functions and possibly high morbidity and mortality. Early comprehensive intervention may prevent these untoward events. Such interventions should include development of a long-term treatment plan.
- When the patient's response to treatment is limited, incomplete or very slow, and poor control interferes with the patient's quality of life.
- When, in spite of taking anti-inflammatory medications regularly, the patient must use an inhaled beta₂-agonist frequently, exclusive of its use in exercise-induced asthma.
- If there is a need for frequent adjustments of therapy because of unstable asthma.
- For identification of allergens or other environmental factors which may be causing the patient's disease; patients with asthma must have access to a thorough etiologic evaluation.
- When allergen immunotherapy is a consideration.
- When the patient and the primary caregiver (i.e., parent or guardian) need intensive education in the role of allergens and other environmental factors.
- When family dynamics interfere with patient care and/or there is a need for further family education about asthma.
- When a patient has a chronic cough, refractory to usual therapy.
- When co-existing illnesses and/or their treatment complicate the management of asthma.
- When the patient has recurrent absences from school or work due to asthma.
- When the patient is experiencing continuing nocturnal episodes of asthma.
- When the patient is unable to participate in normal daily activities and sports because of limited exercise ability despite use of inhaled beta₂-agonists prior to exercise.
- When the patient requires multiple medications on a long-term basis.
- When frequent bursts of oral corticosteroids or daily oral corticosteroids are required.

- When the patient exhibits excessive lability of pulmonary function, e.g., highly variable peak flow rates.
 - When the diagnosis of asthma is in doubt.
 - When there is concern about side effects that have occurred or may occur, e.g., use of oral inhaled corticosteroids in children.
 - When preventive measures need to be considered for the high-risk, predisposed infant with a family history of asthma or atopy.
 - Sudden severe attacks of asthma.
 - Hospitalization of the patient for asthma.
 - Severe episodes of asthma resulting in loss of consciousness.
 - Seizures, near-death episodes or respiratory failure requiring artificial respiration.
 - When emergency room visits are required to control the patient's asthma.
 - When the patient asks for a consultation.
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Asthma Specialist Consultation Guidelines* developed by:

- *American Academy of Allergy, Asthma & Immunology (AAAAI)*
- *American College of Allergy, Asthma & Immunology (ACAAI)*
- *Joint Council of Allergy, Asthma & Immunology (JCAAI)*

and endorsed by:

- *Allergy-Immunology subsection of the Asthma Committee of the American Academy of Pediatrics (AAP)*

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