

GENERAL SUGGESTIONS FOR REFERRAL TO AN ASTHMA SPECIALIST

Based on the opinion of the Expert Panel – Report 2 - from the NHLBI Guidelines for Diagnosis and Management of Asthma, July 1997

Referral for consultation or care to a specialist in asthma care (usually, a fellowship-trained allergist or pulmonologist; occasionally, other physicians and clinicians with expertise in asthma management developed through additional training and experience) is recommended when:

- a Patient has had a life-threatening asthma exacerbation.
- a Patient is not meeting the goals of asthma therapy (see component 1-Periodic Assessment and Monitoring) after 3 to 6 months of treatment. An earlier referral or consultation is appropriate if the physician concludes that the patient is unresponsive to therapy.
- a Signs and symptoms are atypical or there are problems in differential diagnosis.
- a Other conditions complicate asthma or its diagnosis (e.g., sinusitis, nasal polyps, aspergillosis, severe rhinitis, vocal cord dysfunction, gastroesophageal reflux, chronic obstructive pulmonary disease).
- a Additional diagnostic testing is indicated (e.g., allergy skin testing, rhinoscopy, complete pulmonary function studies, provocative challenge, bronchoscopy).
- a Patient requires additional education and guidance on complications of therapy, problems with adherence, or allergen avoidance.
- a Patient is being considered for immunotherapy.
- a Patient has severe persistent asthma, requiring step 4 care (referral may be considered for patients requiring step 3 care; see component 3-Managing Asthma Long Term).
- a Patient requires continuous oral corticosteroid therapy or high-dose inhaled corticosteroids or has required more than two bursts of oral corticosteroids in 1 year.
- a Patient is under age 3 and requires step 3 or 4 care (see component 3-Managing Asthma Long Term). When patient is under age 3 and requires step 2 care or initiation of daily long-term therapy, referral should be considered.

a Patient requires confirmation of a history that suggests that an occupational or environmental inhalant or ingested substance is provoking or contributing to asthma. Depending on the complexities of diagnosis, treatment, or the intervention required in the work environment, it may be appropriate in some cases for the specialist to manage the patient over a period of time or co-manage with the primary care provider.

In addition, patients with significant psychiatric, psychosocial, or family problems that interfere with their asthma therapy may need referral to an appropriate mental health professional for counseling or treatment. These characteristics have been shown to interfere with a patient's ability to adhere to treatment. (Strunk 1987; Strunk et al. 1985)

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