



****Attach to Patient's Chart****

Asthma Patient Fax Alert*

Patient Information

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|------------|-----------------|
| Physician: | Today's Date: |
| Patient: | Admitted To: |
| Member ID: | Admit Date: |
| Diagnosis: | Discharge Date: |

The National Asthma Education & Prevention Program Guidelines for Asthma Care*

- Inhaled corticosteroids are safe, effective and preferred first-line therapy for children and adults with persistent asthma.
- Leukotriene modifiers and other anti-inflammatory agents are alternatives for mild persistent asthma.
- Theophylline can reduce frequency and severity of persistent symptoms.
- Adding a long-acting inhaled Beta 2-agonist to inhaled steroids is more effective than simply increasing the dose of inhaled steroids for patients over 5 years old who have moderate to persistent asthma.
- Short-acting inhaled Beta 2-agonists are the most effective drugs for treatment of breakthrough symptoms and immediate prevention of exercise-induced asthma.

**Expert Panel Report: Guidelines for the Diagnosis and Management of Asthma. Update on selected topics 2002. National Heart, Lung, and Blood Institute. NIH Publication No. 02-5074 June 2003.*

Address questions to our Asthma Disease Management Program (866) 593-2538.

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▪ Harmony Health Plans, Inc. ▪ Quality Improvement, P.O. Box 31401 ▪ Tampa, FL 33631-3401 ▪