

## Guidelines for the Diagnosis and Management of Asthma — Full Report\*

### Change Page\*\*

The EPR-3 was initially posted to the NHLBI website in August 2007. Periodically edits are made to this document and these edits are logged onto this Change Page. As of August 5, 2008, the following edits have been made (specific wording changes are indicated in bold):

Page	Figure or Table	Changes
75	Figure 3-5a: Assessing Asthma Control in Children 0 - 4 Years of Age	Under the heading Well Controlled, Nighttime awakenings - change to read: <i>"one time <b>or less</b> per month"</i>
311	Figure 4-4a: Usual Dosages for Long-Term Control Medications in Children	Under the heading, Systemic Corticosteroids, ages 0 to 4 years - change to read: <i>Short-course "burst": 1 - 2 mg/kg/day, maximum <b>60 mg/day</b> for 3 - 10 days.</i>
315	Figure 4-4b: Estimated Comparative Daily Dosages for Inhaled Corticosteroids in Children (continued)	Under the first bullet, 3rd dash - replace text to read: <b><i>The doses for budesonide and fluticasone MDI or DPI are based on recently available comparative data. These new data, including meta-analyses, show that fluticasone requires one-half the microgram dose of budesonide DPI to achieve comparable efficacy (Adams et al. 2005; Barnes et al. 1998; Nielsen and Dahl 2000).</i></b>
318	Figure 4-4c: Usual Dosages for Quick-Relief Medications in Children (continued)	Under the heading, Systemic Corticosteroids, ages 5 - 11 years - change to read: <i>Short-course "burst": <b>1-2 mg/kg/day, maximum 60 mg/day</b> for 3 - 10 days.</i>
349	Figure 4-8b: Estimated Comparative Daily Dosages for Inhaled Corticosteroids for Youths 12 Years of Age or Older and Adults	Under the last bullet, 3rd dash - replace text to read: <b><i>The doses for budesonide and fluticasone MDI or DPI are based on recently available comparative data. These new data, including meta-analyses, show that fluticasone requires one-half the microgram dose of budesonide DPI to achieve comparable efficacy (Adams et al. 2005; Barnes et al. 1998; Nielsen and Dahl 2000).</i></b>
387	Figure 5-5: Dosages of Drugs for Asthma Exacerbations	Under the heading, Anticholinergics, Ipratropium bromide nebulizer solution - change to read: <i>0.25 - <b>0.5 mg</b> every 20 minutes for 3 doses, then as needed</i>
387	Figure 5-5: Dosages of Drugs for Asthma Exacerbations	Under the heading Anticholinergics, Ipratropium with albuterol nebulizer solution - change to read: <i>1.5 - <b>3.0 mL</b> every 20 minutes for 3 doses, then as needed</i>
387	Figure 5-5: Dosages of Drugs for Asthma Exacerbations	Under the heading, Systemic Corticosteroids, Prednisone - change to read: <i>1 - <b>2 mg/kg</b> in 2 divided doses (maximum = 60 mg/day) until PEF is 70% of predicted or personal best</i>

Last updated: August 5, 2008

\* Presbyterian reviews Clinical Practice Guidelines at least every two years. Websites of nationally recognized sources from which guidelines have been adopted are reviewed regularly for changes/updates.

\*\* This "Change Page" was reproduced from the NAEPP's Expert Panel Report 3 (EPR3): Guidelines for the Diagnosis and Management of Asthma, at the NHLBI's Clinical Practice Guidelines website:

<http://www.nlm.nih.gov/guidelines/asthma/asthgdln.htm>