Asthma Pitfalls

- **Antibiotics are NOT recommended for the treatment of acute asthma** exacerbations except as needed for comorbid conditions. Bacterial, Chlamydia or Mycoplasma infections infrequently contribute to exacerbations of asthma and therefore the use of antibiotics is reserved for patients with fever and purulent sputum, evidence of pneumonia, or suspected bacterial sinusitis.

- **Routine pneumococcal immunizations have not been proven to be beneficial in asthmatics.** A randomized controlled trial of vaccine efficacy in children and adults with asthma is needed.

- **Routine chest radiographs are unnecessary in the asthmatic patient.** Radiographs should be considered when there is clinical evidence of pneumonia, if a pneumothorax or atelectasis is suspected, or if the patient does not rapidly respond to initial therapy. Radiographs are NOT diagnostic for asthma. Radiographs have been found to be no different between asthmatics and those patients with acute bronchitis. And most recently, there was found to be no statistical association between radiographic findings and hypoxemia, hospital length of stay or ICU admissions. The NAEPP Expert Panel Report 2 states that Chest x ray may be useful in excluding diagnoses other than asthma.

**Cough Suppressants are not indicated in asthma- the old adage is that a cough suppressant is not to be used in any sputum producing disorder, asthma is one of those.**