

## Make wise choices in pediatric pulmonology, sleep medicine

August 31, 2020

Article type: [News](#)

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Pediatricians and families should consider new guidance from [Choosing Wisely](#) before using medical therapies and practices to treat asthma and sleep disorders in children.

The AAP Section on Pediatric Pulmonology and Sleep Medicine produced the following evidence-based list of Five Things Physicians and Patients Should Question:

- Do not add new drugs, go to higher doses or otherwise step up asthma therapy before assessing adherence and appropriateness of device and technique with current asthma medications.
- Do not use long-acting beta-agonist/steroid combination drugs as initial therapy for intermittent or mild persistent asthma.
- Avoid administering nebulized medications by “blow by.” A t-piece with mouthpiece or face mask should be used instead.
- Do not perform or interpret pediatric sleep studies using adult standards, even if performed in a laboratory that predominantly studies adults.
- Do not routinely use airway clearance therapy in conditions such as asthma, bronchiolitis and pneumonia.

Choosing Wisely is an initiative of the ABIM Foundation that promotes conversations between clinicians and patients in choosing care that is supported by evidence, does not duplicate other tests or procedures already received, is free from harm and is truly necessary. More than 500 recommendations aimed at improving quality and reducing waste in health care have been developed by more than 80 participating medical specialty societies.

Find rationale and references behind this AAP list and others on the [Choosing Wisely Lists of Recommendations](#) webpage.

