

**Table 4: Evidence Supporting ICS at Discharge from an Emergency Department**

TYPE OF EVIDENCE	KEY FINDINGS	LEVEL OF EVIDENCE (USPSTF RANKING*)	CITATION(S)
<b>Clinical guidelines</b>	Consider initiating ICS therapy for patients who did not use an ICS prior to the hospital admission. If the decision is made to start the patient on an ICS, the ICS should be started before the course of oral corticosteroids is completed, because their onset of action is gradual. Starting the ICS therapy before discharge gives the patient additional time to learn and demonstrate appropriate technique.	III	National Heart, Lung and Blood Institute. Expert Panel Report 3 (2007) Guidelines for the Diagnosis of Asthma: Summary Report. National Asthma Education and Prevention Program. Available at: <a href="http://www.nhlbi.nih.gov/guidelines/asthma/asthgdln.htm">http://www.nhlbi.nih.gov/guidelines/asthma/asthgdln.htm</a> ; accessed May 24, 2016.
<b>Clinical guidelines</b>	On discharge home, the majority of patients should be prescribed regular ongoing ICS treatment, since the occurrence of a severe exacerbation is a risk factor for future exacerbation and ICS-containing medications significantly reduce the risk of asthma-related death or hospitalization.	III	Global Initiative for Asthma (GINA). Global Strategy for Asthma Management and Prevention. 2014. Available at: <a href="http://www.ginasthma.org/">http://www.ginasthma.org/</a> ; accessed: May 24, 2016.

*Note: USPSTF criteria for assessing evidence at the individual study level are as follows: I) Properly powered and conducted randomized controlled trial (RCT); well-conducted systematic review or meta-analysis of homogeneous RCTs. II) Well-designed cohort or case-control analytic study. III) Opinions of respected authorities, based on clinical experience; descriptive studies or case reports; reports of expert committees.*