



Helping you check and review asthma patients' progress during practice clinics

The following Asthma Review Checklist is one of a series of resources aimed specifically for primary care nurses caring for people with respiratory disease that the PCRS-UK provides. It offers a simple, structured list against which nurses can check and review patients' progress during practice clinics.

Our range of resources for nurses includes documents, which can be adapted locally to provide practice-specific respiratory protocols, patient group directions' and clinic checklists. In addition, we offer advice and supporting documentation to nurses wishing to develop and improve their skills through our Skills Document, support from our nurse committee and assistance with developing and implementing local nurse groups.

Resources available for download by members include:

Nurse Protocols

- Spirometry in primary care
- Managing exacerbations of COPD in primary care
- Assessment and review of patients with COPD in primary care
- Management of acute asthma in primary care
- Telephone consultations for routine asthma review
- Asthma Review.

Patient Group Directions (PGDs)

- The supply/administration of salbutamol for reversibility testing in primary care by a designated healthcare professional

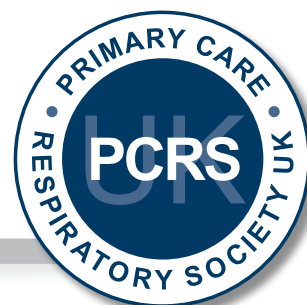
- The administration of salbutamol in acute asthma in primary care
- The administration of an emergency initial dose (STAT) of oral prednisolone to adults and children of 2 years of age and older presenting with an acute episode of uncontrolled asthma.

Clinic Checklists

- Primary Care Respiratory Society UK Asthma Checklist
- Primary Care Respiratory Society UK COPD Checklist.

Resources for Local Nurse Groups.

A range of other resources have been created by the PCRS-UK, to help healthcare professionals deliver high quality respiratory services. They include: summary guidance information, our ever popular Opinion Sheets and a range of resources aimed at professional development such as slide kits and online case studies to assist with professional development.



Helpful Notes for Nurses in Preparation for Asthma Clinic Appointments



This checklist has been designed to be used in conjunction with other materials produced by the PCRS-UK which are available from the resources section of our website (see resources section below) or by request to info@pcrs-uk.org.

It is helpful for patients to be provided with information regarding the process involved during a forthcoming clinic consultation or review. It is useful to suggest to patients that they make a list of questions they would like to ask when attending.

For the initial assessment, during which you may be performing spirometry you should ensure you provide appropriate and relevant information about the investigation and instructions regarding the use of medication before attending. Ensure the patient is informed to bring any medication including inhalers that may have been prescribed for them.

For guidance on skills levels and what you can be expected to undertake in your consultation please refer to the skills document available on the PCRS-UK website. The health professional providing the care should have received appropriate training in asthma management.

These notes can be used as a checklist to ensure you have covered all aspects of care in your consultations.

Initial Assessment

- The history should explore possible causes, including rhinitis, and in adults occupational causes.
- History should be supported by demonstration of airflow obstruction varying over short periods of time.
- Record the basis on which the diagnosis of asthma is suspected - HIGH PROBABILITY (diagnosis of asthma is likely), INTERMEDIATE PROBABILITY (diagnosis uncertain) or LOW PROBABILITY (other diagnosis likely).
- Assessment of symptomatic asthma control should ideally utilise validated questionnaires - see PCRS-UK asthma review opinion sheet
- Before adding or changing treatment, practitioners should check that patients are taking their medication, check inhaler technique and, where possible, reduce trigger factors (suspected occupational causes should prompt specialist referral).
- Select appropriate device with your patient and ensure ability to use effectively
- Ask about smoking status and desire to quit where appropriate. Offer smoking cessation advice and support.
- Weight management advice should be given to those with a body mass index (BMI) >25
- Patients with asthma should be offered written personalised action plans which include recognition and management of deteriorating symptoms in addition to ongoing education.

Every Consultation

- There should be a structured review at least annually
- Assessment of symptomatic asthma control should ideally utilise validated questionnaires
- Monitor and record lung function by spirometry or Peak Flow. A reduction, or variation, in recorded values may indicate current bronchoconstriction or a decline in lung function and should prompt detailed assessment
- All exacerbations, oral corticosteroid use and time off work/school should be recorded since last assessment
- Check inhaler technique
- Check concordance with therapy by reviewing prescription refill frequency
- Count the number of bronchodilator prescriptions (possible sign of poor control)
- Review personalised asthma action plan (and amend as appropriate)
- Except in cases of poor asthma control, consider telephone review for people unable to take time off work or school to attend for the appointment
- See PCRS-UK Quick Guide for asthma treatment advice in line with BTS/SIGN guidance

Measurements

- Spirometry for diagnosis of asthma
- Peak expiratory flow measurement

Consider referral

- A multi-disciplinary difficult asthma service, where available, for patients with difficult asthma (defined as persistent symptoms and/or frequent exacerbations despite treatment at Step 4 or 5 of the guidelines)
- Children treated with 800mcg beclometasone or equivalent daily should be under the care of a specialist paediatrician for the duration of treatment. Specific written advice about steroid replacement in the event of severe intercurrent illness should be part of the management plan.
- A respiratory physician with an interest in occupational asthma in all suspected cases
- Offer smoking cessation services to smokers

Resources

The following resources are available from the PCRS-UK website or via email request info@pcrs-uk.org

1. PCRS-UK Online Quick Guide for the diagnosis and management of asthma
2. PCRS-UK Opinion Sheets (Asthma Action Plans, Asthma Review, Inhaler Devices, Review)
3. PCRS-UK nurse tools and resources
4. BTS/SIGN. British Guideline on the Management of Asthma. Thorax 63 2008; (Supplement 4): iv1-iv121. Updated June 2009

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