

# Top Tips for Using the Asthma Right Care Slide Rule

The Asthma Slide Rule supports implementation of the [2024 BTS/NICE/SIGN asthma guideline](#)<sup>1</sup>, greener respiratory healthcare and is a gateway to establishing short-acting beta2 agonist (SABA) free treatment pathways. It should be used:

to identify patients on SABA (alone) treatment pathways,

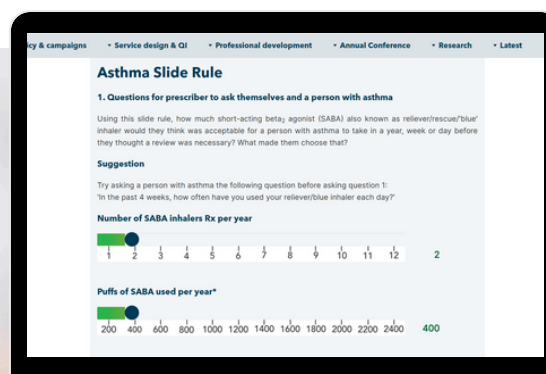
for SABA over-reliance discussions and what good control looks like

to identify those exact patients you want to switch onto SABA free treatment pathways.

Please see the [MHRA drug safety update](#)<sup>2</sup> to SABA use and indications of poor asthma control and the need for asthma reviews

## ✓ 1. Have it somewhere you can access easily

i.e. bookmarked on your browser and/or saved to your desktop



1-2 SABA inhalers per year  
(or equivalent)

3 – 5 SABA inhalers per year  
(or equivalent)

6+ inhalers per year  
(or equivalent)

**Good**

**Increased risk - Review  
required\***

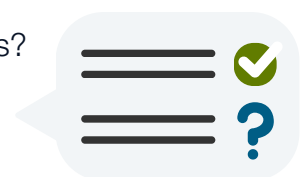
**Urgent review**

## ✓ 2. Have a conversation with a patient

What do they know about SABA (blue inhaler) use in asthma and what it does?

How many blue inhalers are prescribed to them?

[Note: per day/week/year as appropriate].



\*Studies show a link between 3 or more SABA prescriptions over the 1-year study period and experiencing severe asthma exacerbations. [See MHRA safety update](#)<sup>2</sup>.

When they have chosen their answer hand them the Slide Rule (example below):

They have given the answer of 6 canisters in a year. That equals 23 puffs per week; >3 puffs a day.

What are their thoughts after seeing that? At what point would they feel they needed an asthma review?

Have they considered a treatment pathway which does not include SABA? [Go to Top Tip 4](#)

SABA-free treatment (licensed ICS/Formoterol reliever therapy) is safer and evidence-based, as it contains anti-inflammatory medication that treats both symptoms and the underlying cause. For more information please see our [Maintenance and Reliever Therapy Top Tips article](#)<sup>3</sup> and [Anti-inflammatory reliever \(AIR\) asthma action plan](#)<sup>4</sup>.



### ✓ 3. Have a conversation with a colleague

Ask them how much SABA is acceptable for a person with asthma to take before they recommend a review? OR

What level of patient SABA use (e.g. number of canisters/puffs) would worry/concern them and prompt them to organise an asthma review?

Hand them the Slide Rule and get them to move it to their number. Would they change this now or do anything differently?

Discuss SABA free treatment pathways (see table 1) and how to explore if this would be a better option for the patient. [Go to Top Tip 4](#)

**Table 1.**

Current treatment	Switch
SABA only	Low-dose ICS/formoterol PRN (AIR)
Regular low-dose ICS + SABA PRN	Low-dose MART
Regular low-dose ICS/LABA + SABA PRN	
Regular low-dose ICS + LTRA and/or LAMA + SABA PRN	
Regular low-dose ICS/LABA + LTRA and/or LAMA + SABA PRN	
Regular moderate-dose ICS + SABA PRN	Moderate-dose MART
Regular moderate-dose ICS/LABA + SABA PRN	
Regular moderate-dose ICS + LTRA and/or LAMA + SABA PRN	
Regular moderate-dose ICS/LABA + LTRA and/or LAMA + SABA PRN	
High dose ICS containing regime	Refer to specialist asthma care

This table provides guidance on potentially switching patients from conventional treatments to SABA free treatment pathways. (Continued on page 3).

Please note: Everyone on SABA only therapy should be offered AIR but others should only be switched if their asthma is poorly controlled (requiring oral corticosteroids, using their SABA inhaler 3+ times a week or waking up at night 1+ times a week) or if they are happy to change. For more information please see our [First steps to implement the new BTS/NICE/SIGN asthma guideline](#)<sup>5,6</sup>.

**For your patient**

- How confident they feel moving to A) SABA free treatment option\* or B) reducing SABA use if conventional method is preferred? What made them select [number]? What would have made it a higher number (e.g. 8) and help them feel more confident about this?

\*Any changes should be part of a shared decision.

**For your colleague**

- How important is it that they organise a review? What made them select [number]? What would have made it a higher number (e.g. 8)?
- How confident do they feel to have a conversation about poor asthma control and suggesting SABA free treatment pathways as an alternative? Or, if their patient wishes to stick to a SABA treatment pathway, discussing keeping SABA puffs to less than 3 times a week (note that 1 dose of SABA = 1-2 puffs). What made them select [number]? What would have made it a higher number (e.g. 8)?

0 1 2 3 4 5 6 7 8 9 10

0 = Not at all important / confident      Extremely important / confident = 10

Note: The 2024 BTS/NICE/SIGN asthma guideline advises that 'Uncontrolled asthma: Any exacerbation requiring oral steroids or frequent regular symptoms (such as using reliever inhaler 3 or more days a week)'.

## ✓ 4. Hold a new conversation about confidence

When you have had the initial discussion, hold a new conversation about confidence and motivation. Note: Hard copy sliders should be moved back to the left-hand side.

On a scale of 1-10 [Asking them to slide it to the number that best describes their confidence]:

- Ask your patient how confident they feel moving to A) SABA free treatment option or B) reducing SABA use. If this is low, ask what would make them feel more confident. Any changes should be part of a shared decision.
- Ask your colleague how confident they feel having a conversation about reducing the dose of SABA (to less than 3-doses a week) or introducing SABA free treatment options.

### Links

1. [www.nice.org.uk/guidance/ng245](https://www.nice.org.uk/guidance/ng245)
2. <https://qrco.de/SABAprescribing>
3. [www.pcrs-uk.org/resource/current/maintenance-and-reliever-therapy-mart-top-tips-article](https://www.pcrs-uk.org/resource/current/maintenance-and-reliever-therapy-mart-top-tips-article)
4. [www.pcrs-uk.org/resource/current/anti-inflammatory-reliever-air-asthma-action-plan](https://www.pcrs-uk.org/resource/current/anti-inflammatory-reliever-air-asthma-action-plan)
5. [www.pcrs-uk.org/resource/current/first-steps-implement-new-btsnicesign-asthma-guideline](https://www.pcrs-uk.org/resource/current/first-steps-implement-new-btsnicesign-asthma-guideline)
6. <https://qrco.de/ICSdoses>

The Asthma Right Care (ARC) Slide Rule supports prescribers, asthma educators and pharmacists to initiate conversations about SABA over-reliance which is associated with poor asthma control, more asthma attacks and hospital admissions.

Use the questions and prompts as they are or tailor them according to your patient.

More information can be found at [www.pcrs-uk.org/arc](https://www.pcrs-uk.org/arc) (scan the QR code to visit the page). Any feedback should be sent to [info@pcrs-uk.org](mailto:info@pcrs-uk.org).



This resource has been produced as part of the PCRS Asthma Right Care (ARC) initiative, which is part of a wider global social movement initiated by the IPCRG; see [www.pcrs-uk.org/arc](https://www.pcrs-uk.org/arc) for further information.

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