



# Asthma Clinic Checklist

This checklist, for use in clinics, has been developed specifically for primary care nurses delivering asthma care. It is intended to be used as a checklist to help cover the relevant aspects of care in the consultation. It has been produced in PDF and Microsoft Word™ format as a general guide, allowing for local adaptation. It must be stressed that the use of all or part of this clinic checklist must be sanctioned by the appropriate authorised individual from the practice or primary care organisation in which it is to be used. The PCRS-UK is neither responsible nor liable, directly or indirectly for any form of damage or injury caused as a result of information provided in this document, nor for any changes arising from local adaptations.

## Introduction

Making a diagnosis of asthma is a process which is different for adults and for children and as described in the British Thoracic Society and Scottish Intercollegiate Guideline Network (BTS/SIGN) guidance<sup>1</sup> <http://www.sign.ac.uk/guidelines/fulltext/101/>. It is important the process followed is documented to ensure continuity in the diagnostic process. It is also important that the basis on which the diagnosis of asthma is made is clearly recorded because this process may have implications for the future management of the condition.

Before an asthma consultation it may be useful for patients to be provided with information regarding the purpose and process involved in a 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. Ask the patient to bring any medication especially all their inhalers that 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 PCRS-UK Skills Level Document available from [http://www.pcrs-uk.org/downloads/nurses/skillsleveldoc\\_rev2010.pdf](http://www.pcrs-uk.org/downloads/nurses/skillsleveldoc_rev2010.pdf).

The healthcare professional providing the care should have received appropriate training in asthma management. Healthcare professionals must ensure people with newly diagnosed asthma are diagnosed in accordance with BTS/SIGN guidance<sup>1</sup>. <http://www.sign.ac.uk/guidelines/fulltext/101/>

For assessments, during which you will be performing spirometry, ensure you provide the spirometry information leaflet (see spirometry protocol - <http://www.pcrs-uk.org/resource/spirometry-opinion-sheet>) and instructions regarding the use or cessation of medication before attending.

## Initial Assessment

### The aim is to confirm the diagnosis.

Take a full patient history particularly focusing on respiratory aspects and document answers

- Shortness of breath-frequency and cause
- Cough
- Sputum production
- Reduced exercise tolerance
- Wheeze
- Pattern of symptoms
  - Seasonal
  - Particular time of day
  - Infection related
- Employment-past and present
- Nocturnal symptoms
- Triggers
- Family history
- Pets

- Any other atopic conditions-allergic rhinitis/eczema
- Document smoking status and willingness to quit if smoking
- Check all medication

### Relevant Clinical Examination

- Chest examination
- Respiratory rate
- Peak Flow
- Perform spirometry and reversibility according to protocol and interpret results
- Auscultation if competent to perform

### Assess and document the probability of asthma

- Follow BTS/sign asthma guidelines (<http://www.sign.ac.uk/guidelines/fulltext/101/>)

## At review

- Management of asthma according to local/national guidelines<sup>1,2</sup> (discuss with patient and GP as appropriate) -step up or down where appropriate
- Check inhaler technique at every review and provide education where appropriate
- Check concordance with therapy by reviewing prescription refill frequency
- Discuss the effects of drug treatment, discontinue treatments with no objective benefit
- Ensure the patient has a written self management/action plan. This is to be used as a tool for ongoing education with the patient – to include recognition and management of exacerbations (an action plan) and self care. The 'Be in Control' asthma action plan from Asthma UK can be downloaded direct from their website: [www.asthma.org.uk/control](http://www.asthma.org.uk/control). It can also be obtained by contacting Asthma UK directly 0800 121 6255
- Use a validated asthma assessment tool to monitor symptoms – such as the asthma control test – see <http://www.asthma.org.uk/Sites/healthcare-professionals/pages/asthma-control-test>
- Review the number of bronchodilator prescriptions (possible sign of poor control). Discuss this with the patient if using excessive short-acting beta agonists (SABA).
- Offer the patient an opportunity to ask any questions
- Document smoking status and willingness to quit if continuing to smoking
- Peak flow-review diary if available
- Give advice about influenza and pneumococcal vaccination
- Record all exacerbations, oral corticosteroid use and time off work/school since last assessment
- All patients should be offered an annual review
- Ensure documentation and asthma register completed

## Consider referral to

- Smoking cessation services
- Respiratory specialist (nurse, consultant, GPwSI) if poor control, non response to therapy or diagnostic uncertainty

## Resources

The PCRS-UK produces a range of resources available via its website to support you in the management of patients with asthma. These include our popular opinion sheets (<http://www.pcrs-uk.org/resource-types-opinion-sheets/105>) our and our nurse resources (<http://www.pcrs-uk.org/resource-types-other-nursetools/105>). *The Primary Care Respiratory Journal* (<http://www.thepcrj.org>), our official journal, also includes guidance on how to perform spirometry in primary care<sup>3</sup>.

## References

1. BTS/SIGN Asthma Guideline 2012. <http://www.brit-thoracic.org.uk/Portals/0/Guidelines/AsthmaGuidelines/sign101%20Jan%202012.pdf>
2. Quality Standard 25. National Institute for Health and Clinical Excellence. <http://guidance.nice.org.uk/QS25> last accessed 29 April 2013.
3. Levy ML, Quanjer PH, Booker R, Cooper BG, Holmes S, Small I. Diagnostic Spirometry in Primary Care: Proposed standards for general practice compliant with American Thoracic Society and European Respiratory Society recommendations. *Prim Care Respir J* 2009;**18**(3):130-147. <http://dx.doi.org/10.4104/pcrj.2009.00054>

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