**Assess**
Assess control, severity and risk of exacerbations using validated tool.

**Review**
Review diagnosis and management including the following:-
1. Information that the diagnosis is correct?
2. Clinical examination/history
3. Check inhaler technique
4. Managing tobacco addiction
5. Drug therapy
6. Compliance/adherence
7. Lifestyle and social issues
8. Co-morbidities

**Collaborate**
Work with the patient to develop, maintain and review a self-management/action plan specific to the patient’s needs to encompass:-
1. Information on treatment/maintenance therapy as well as any relevant notes on technique and any prescription advice
2. What to do if symptoms become worse
3. What to do in an emergency/defining an emergency (including information on rescue pack if appropriate)
4. Information on staying well/avoiding triggers
5. Other advice and information on who to contact with questions

**KEY COMPONENTS OF AN ASTHMA REVIEW**
Assessing control to target care
The British Asthma Guidelines recommend the use of standard validated assessment tools like the Royal College of Physicians Three Questions.1 The aim of treatment should be for no nocturnal waking or activity limitation and minimal symptoms. More than two episodes of symptoms is an indicator of sub-optimal control.

The Royal College of Physicians three questions (RCQP3)1

<table>
<thead>
<tr>
<th>Score</th>
<th>In the last month</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Have you had difficulty sleeping because of asthma symptoms (including cough)?</td>
</tr>
<tr>
<td>2</td>
<td>Have you had usual asthma symptoms during the day (cough, wheeze, tightness or breathlessness)?</td>
</tr>
<tr>
<td>3</td>
<td>Have you interfered with your usual activities (e.g. housework, college, work)?</td>
</tr>
</tbody>
</table>

MRC Dyspnoea Score1

<table>
<thead>
<tr>
<th>Grade</th>
<th>Read Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>#173H</td>
</tr>
<tr>
<td>2</td>
<td>#173F</td>
</tr>
<tr>
<td>3</td>
<td>#173M</td>
</tr>
<tr>
<td>4</td>
<td>#173K</td>
</tr>
<tr>
<td>5</td>
<td>#173L</td>
</tr>
</tbody>
</table>

Ask the patient to read the five statements below and (or read out and explain to the patient and ask them) to indicate which the following applies to them:

- Not troubled by breathlessness except on strenuous exercise
- Short of breath when hurrying or walking up a slight hill
- Stops for breath after walking 100m or after a few minutes on level ground
- Too breathless to leave the house, or breathless when dressing or undressing

**THE BUILDING BLOCKS OF A GOOD ASThma OR COPD REVIEW IN ADULTS**
Tobacco Dependency and Smoking Cessation Support
Smoking increases use of healthcare services and reduces the effectiveness of inhaled medicines in asthma and COPD. Intensive and evidence-based stop smoking support should be part of essential treatment and progress reviewed regularly.

Only 5% of smokers who want to quit smoking actually access a stop smoking service each year, yet we know that support increases the likelihood of quitting.

It has a key role of primary care to “Make Every Contact Count” (MECC), through clinicians offering brief advice (FABRA), the practice displaying posters and videos, information, and well-trained reception staff facilitating access to opportunities for supportive engagement.

**References**
8. Telephone consultations
   - The patient may be referred to a specialist if they are not fully controlled
   - The patient may be referred to a specialist if they are not fully controlled
   - The patient may be referred to a specialist if they are not fully controlled
   - The patient may be referred to a specialist if they are not fully controlled

**INHALER TECHNIQUE**
Patients should be taught how to use their inhaler when they are first prescribed inhaled medication and their technique should be reviewed at subsequent consultations. The healthcare professional must be appropriately trained themselves on the techniques and able to teach users.

Various techniques can be useful to develop the correct technique and it may be helpful to support education with training videos.

**Further Useful Information**
4. Acronym
   - COPD – Chronic obstructive pulmonary disease
   - CG – Clinical Guideline
   - FG – Formal Guidance
   - IC - Inhaled corticosteroid
   - IT - Inhaled therapy
   - MRC – Medical Research Council
   - PR – Pulmonary rehabilitation
   - SAAT – Smoking advice and training
   - PCRS-Uk – Primary care respiratory society

**NOTICE**
This chart has been created as a summary of content from PCRS-Uk toolkits including PCRS-Uk Quick Guide to the Diagnosis and Management of Asthma. Further useful information and advice can be found on the PCRS-Uk website (www.prscs-uk.org) and are included in the training videos.
Join the PCRS-UK [http://www.pcrs-uk.org/join](http://www.pcrs-uk.org/join)

The Primary Care Respiratory Society UK is grateful to its corporate supporters including AstraZeneca UK Ltd, Boehringer Ingelheim Ltd, Chiesi Ltd, GlaxoSmithKline, Napp Pharmaceuticals, Novartis UK, Pfizer Ltd and TEVA UK Limited for their financial support which supports the core activities of the Charity and allows PCRS-UK to make its services either freely available or at greatly reduced rates to its members.


Inspiring best practice in respiratory care

- Easy access to a wealth of online resources - written by primary care experts for primary care clinicians, saving you time and сделал/costs to use with your respiratory teams
- Primary Care Respiratory Update, a PCRS-UK members publication bringing you an overview of the latest respiratory research and policy as well as commentary on the latest developments and examples best practice
- Electronic membership mailings and news alerts making it easy to keep up to date
- Support with your own professional development
- Access to a friendly community of like-minded peers passionate about respiratory care
- Access to exclusive member-only events
- Annual membership plus £100 inclusive of VAT gives huge savings on registration for our annual national primary care conference

It pays to join if you are a respiratory lead for your practice or a respiratory healthcare professional working in the community!

Contact info@pcrs-uk to find out about discounts available to CCGs, health boards, community teams or other groups wishing to buy 10+ memberships.

The cost effective way to ensure you are delivering high value patient-centred respiratory care

The Primary Care Respiratory Society UK is a charity registered in England (1062779) and Scotland (SC039027). It is a company limited by guarantee and is registered in England with registered number 2941936. Companies House registration number. The Charity is also a registered charity in Scotland with registration number SC039027. The Charity is managed by a Board of Trustees. The trustees are volunteers who act in the best interests of the Charity and are in control of the Charity and are accountable to the Charity and of the Charity and of its funders. The Charity is registered with the UK Fundraising Regulator. See [http://www.pcrs-uk.org/sites/pcrs-uk.org/files/files/PI_funding.pdf](http://www.pcrs-uk.org/sites/pcrs-uk.org/files/files/PI_funding.pdf) for PCRS-UK statement on pharmaceutical funding.

REGISTRATION RESULTS AND EXCLUSIVE OFFERS FOR PCRS-UK MEMBERS AVAILABLE

Primary Care Respiratory Society UK
National Primary Care Respiratory Conference

**Fit for the Future: a holistic approach to respiratory care**

14th-15th October, 2016
Telford International Centre

The premier respiratory conference for primary and community care, offering essential clinical updates, and helping you work with your patients to optimise their spiritual, mental and physical respiratory health.

REGISTER Online NOW [http://www.pcrs-uk.org/pcrs-uk-annual-conference](http://www.pcrs-uk.org/pcrs-uk-annual-conference)

Registration fees start at £199 for GPs and just £149 for nurses/allied health professionals who are PCRS-UK members, inclusive of conference dinner and lunches.

The Primary Care Respiratory Society UK is grateful to the following conference sponsors: AstraZeneca Limited, Boehringer Ingelheim Limited, Chiesi Limited, GlaxoSmithKline, Novartis Limited and Pfizer Limited.

THE BUILDING BLOCKS OF A GOOD ASTHMA OR COPD REVIEW IN ADULTS

OPEN AND PULL OUT...