

ASTHMA CONSULT CHECKLIST

SCHEDULED REVIEWS


Use this checklist to conduct an asthma review in 15 minutes.

This checklist takes health professionals through the recommended steps for a scheduled review, based on recommendations and resources from the Australian Asthma Handbook.¹

Patient Name

Date of Consult


'TIME HACK': THE 15 MINUTE ASTHMA VISIT

- **1 IN THE WAITING ROOM**

When the patient arrives, they complete an asthma intake form including a validated patient questionnaire^{1,2}

 - Asthma Score (Asthma Control Test)**
 - Primary care Asthma Control Screening (PACS)**
 - Asthma Control Questionnaire (ACQ)**

The practice nurse checks lung function if that is required (every 1–2 years for most people)¹
- **2 5 MINUTE REVIEW CHECK-IN MATERIALS & ASSESS**

Control: Symptoms and reliever use during the previous 4 weeks
Risk: Flare-ups during the previous 12 months
Barriers to self-management, including adherence problems
- **3 2 MINUTE PHYSICAL EXAMINATION**

Check for signs of allergy and eczema
- **4 8 MINUTE REVIEW TREATMENT PLAN & EDUCATE**

Adjust medications based on **stepped approach**

 - Review rescue and controller medications and device technique
 - Give trigger advice and make an appointment for flu vaccination if due
 - Check the person has an up-to-date written **Asthma Action Plan** and they know how to use it – ask the patient to repeat the plan back to you
 - Set goals and plan the next follow-up visit

STEP 1: CHECK INFORMATION REQUESTED BEFORE THE CONSULTATION (IF APPLICABLE)

You may have asked your practice nurse to gather this information

- Results from validated checklists or questionnaires to assess recent symptom control^{3,4a}
- Results from lung function tests^{3,4b}

NOTES

STEP 2A: CHECK SYMPTOM CONTROL OVER THE LAST 4 WEEKS^{3C}

The responses to this step should be reviewed together with results from Step 2b

- Daytime symptoms >2 days/week
- Any limitation of daily activities
- Any symptoms during night/on waking
- Daytime symptoms ≤2 days/week **and** no limitation of daily activities or symptoms during night/on waking
*Your patient has 'good control' if you tick this box only **and** the final box in Step 2b*

NOTES

STEP 2B: CHECK NEED FOR RELIEVER MEDICATION OVER THE LAST 4 WEEKS^{3D}

The responses to this step should be reviewed together with results from Step 2a

- Need for a SABA reliever >2 days/week
- Need for a SABA reliever ≤2 days/week
*Your patient has 'good control' if you tick this box **and** the final box in Step 2a*

NOTES

LEVEL OF CONTROL (GOOD, PARTIAL OR POOR):^C

STEP 2C: CHECK RISK OF FLARE UPS³

- Poor asthma control^e
- Any asthma flare up over the last 12 months
- Other concurrent chronic lung disease
- Poor lung function, even if few symptoms
- Difficulty perceiving airflow limitation or flare up severity
- Eosinophilic airway inflammation^e
- Smoking or environmental cigarette smoke exposure
- Socioeconomic disadvantage
- Use of illegal substances
- Major psychosocial problems
- Mental illness

NOTES

STEP 2D: CHECK OTHER RISK FACTORS FOR ADVERSE ASTHMA OUTCOMES³

These factors should also be assessed periodically – assess if you have concern or have not assessed recently

- Factors associated with increased risk of life-threatening asthma^f
- Factors associated with accelerated lung function decline^g
- Factors associated with treatment-related adverse events^h

NOTES

STEP 2E: CHECK FOR BARRIERS TO SELF-MANAGEMENT (INCLUDING ADHERENCE)⁵

- Cost of medicines or consultations
- Concerns about side effects
- Interference with lifestyle
- Lack of understanding or misunderstanding
- Forgetfulness
- Poor perception of airflow limitation
- Inability to use inhaler devices correctly
- Social pressureⁱ
- Misconception that prescribed medications are not effective, necessary or safe
- Other psychosocial factorsⁱ

NOTES

STEP 3: CHECK FOR SIGNS OF ALLERGY^K AND ECZEMA^L

- Skin redness, itching, weeping or infection^{2,6}
- Swollen turbinates^{7m}
- Transverse nasal crease^{7m}
- Reduced nasal airflow^{7m}
- Mouth breathing^{7m}
- Darkness and swelling under the eyes due to sinus congestion^{7m}

NOTES

STEP 4A: CHECK MEDICATIONS AND ADJUST USING A STEPPED APPROACH (IF APPLICABLE)

Tick one box, or go to Step 4b if not applicable

- Stepped-down
- Advised to stay on same treatment
- Changed treatment without stepping up or down
- Stepped-up
- Referred for advice or specialist add-on treatments

WHAT IS YOUR PATIENT NOW PRESCRIBED?

Adults:⁸

- As needed SABA or budesonide/formoterol fixed dose combination (FDC) protocol only
- Low-dose ICS preventer + reliever as needed
- Low-dose ICS/LABA preventer + reliever as needed
- Higher-dose ICS/LABA preventer + reliever as needed
- Other (add notes)

Children (6–11 years):⁹

- As needed SABA only
- Low-dose ICS preventer + reliever as needed
- Montelukast + reliever as needed
- Stepped-up high paediatric-dose ICS or low-dose ICS/LABA or low-dose ICS + montelukast preventer + reliever as needed
- Other (add notes)

Children (1–5 years):¹⁰

- As needed SABA only
- Low-dose ICS preventer + reliever as needed
- Montelukast + reliever as needed
- Stepped-up high paediatric-dose ICS or low-dose ICS + montelukast preventer + reliever as needed.
- Other (add notes)

NOTES

CURRENT TREATMENT (MEDICINE NAME AND DOSING):

STEP 4B: CHECK INHALER SUITABILITY AND TECHNIQUE

Technique was correct when demonstrated

Tick all boxes if inhaler technique was not correct

Errors were identified and corrected¹¹

Correct inhaler technique was subsequently demonstrated¹¹

A checklist, written instructions, video, website or other resource on inhaler technique was provided^{11,12}

The inhaler was appropriate for the patient's age, developmental stage, dexterity, cognitive function and lung function¹²

NOTES

STEP 4C: ADVISE ON ASTHMA TRIGGERS^{13N}

Cigarette smoke

Allergens^o

Airborne and environmental irritants^p

Medications^q

Food additives

Thermal effects, including cold drinks

Comorbid conditions^r

Physiological and psychological conditions^s

NOTES

STEP 4D: BOOK VACCINATIONS IF DUE^{14T}

Influenza vaccination

Pneumococcal vaccination

NOTES

STEP 4E: CHECK FOR AN UP-TO-DATE WRITTEN ASTHMA ACTION PLAN

- Lists usual medications for asthma and other conditions^{3u}
- Instructs how to change medications if required^{3v}
- Explains when and how to get medical care and includes telephone numbers³
- Appropriate for an individual's current circumstances^{15w}
- Includes the name of the person writing the plan and date issued³
- Reviewed in the last year¹⁶

NOTES

STEP 4F (ADULTS): SET GOALS AND PLAN THE NEXT SCHEDULED REVIEW^{3X}

- Every 4–6 weeks for pregnant women
- Every 1–3 months after each medication adjustment
- At least every 3 months for severe asthma, work-exacerbated asthma, poor perception of airflow limitation, frequent rhinosinusitis symptoms, or other comorbid conditions that affect asthma control
- Every 6 months if a flare-up over the last 12 months, or other risk factors for flare-ups or life-threatening asthma are present
- Every year if no flare-up over the last 12 months and good symptom control for at least 1 year

NOTES

STEP 4F (CHILDREN): SET GOALS AND PLAN THE NEXT SCHEDULED REVIEW^{4X,Y}

- Within 4 weeks after a hospital or emergency department visit for acute asthma²
- 4 weeks after increasing dose or number of medications to regain control
- 4–6 weeks after reducing preventer dose or stepping down treatment
- Every 3–6 months when asthma is stable and well-controlled

NOTES