ANNUAL ASTHMA REVIEW WORKSHEET

ASTHMA AUSTRALIA

NAME:

DATE: / /

An **Asthma Review** is a chance to talk with your doctor, nurse, or health worker about your asthma. You can share information with them, ask questions and together plan for you to best manage your asthma to breathe better. Think about what you are hoping to achieve in your asthma review. **This worksheet will help you get ready.**

HINT: Ask for a double appointment time for your Asthma Review

MY NOTES

GP/NURSE NOTES

BEFORE YOUR APPOINTMENT

- ☐ **Check** if you need to have a **lung function test**, and if so, how to prepare
- ☐ **Take all your inhalers, spacers and any nasal sprays with you**

Spirometry due every 1-2 years for most people with asthma.

GOALS FOR THIS APPOINTMENT

- ☐ Get a new **Asthma Action Plan** (or renew previous one)
- ☐ Get any new prescriptions I need for the stages on my Asthma Action Plan
- ☐ Have my **inhaler technique** checked in person (with spacer if using a puffer)
- ☐ Check if my treatment is up to date against the latest Australian Asthma Handbook guidelines
  - ➔ Is my preventer dose correct?
  - ➔ Am I managing my comorbidities according to evidence?
- ☐ Ask about best-practice hay fever or allergy treatment
- ☐ Ask about more affordable treatment options
- ☐ Ask about help to **quit smoking**
- ☐ Ask about.....

Everyone with asthma needs an Asthma Action Plan.

Latest guidelines are available at asthmahandbook.org.au

Referral to a respiratory specialist is encouraged if a patient has flare-ups whilst using ICS-LABA.

Monoclonal antibody therapy can be initiated by a specialist and may reduce the rate of severe flare-ups requiring oral steroids.

Wait lists can be long so early referral is best.

MY RECENT ASTHMA

In the last year:

I have needed oral steroids ☐ times

Oral steroids include prednisone, prednisolone and dexamethasone

In the last year:

In the last year I have been to the emergency department or admitted to hospital ☐ times for asthma

Potentially toxic threshold is 1000mg, or approx. four lifetime courses.

***Visit our website** to read more about oral steroid stewardship.*

SCAN ME

SMARTER ORAL STEROIDS

MY NOTES

In the past 4 weeks:

- ☐ I had daytime asthma symptoms more than 2 days a week
- ☐ I had some trouble with daily activities or exercise due to my asthma
- ☐ I had some symptoms during the night or when I woke up
- ☐ I needed my reliever more than 2 days a week

☺ None of these	☹ Any of these
You have good control over your asthma symptoms right now	Your asthma symptoms are not under control right now

Have you had any recent asthma attacks or unusual symptoms?
How do your other conditions affect your breathing?

GP/NURSE NOTES

Asthma control score: ___

MY CURRENT ASTHMA MEDICINES

My reliever is: name



I take number puffs/inhalations, how often

I have used up number relievers in the past 12 months

My preventer is: name



I take number puffs/inhalations, how often

- ☐ I am open to trying a new preventer or new style of inhaler
- ☐ I am worried about the cost of my medicine
- ☐ I am worried about side effects

My other asthma medicines
e.g. biologics, specialised severe asthma medicines:

Three or more short acting reliever canisters per year is associated with increased risk of asthma flare-ups.

Twelve or more short acting relievers per year is associated with increased risk of asthma death.

Would patient benefit from an anti-inflammatory reliever treatment plan with ICS-formoterol?

Consider cost and ability to use the style of inhaler.

Is preventer eligible for a 60-day prescription?

MY SMOKING

I smoke / vape ____ **times a day**

This includes cigarettes, cigars, pipes, bongs, and e-cigarettes etc.

I am exposed to other people's smoke / vaping ☐ Yes ☐ No

Offer referral to Quitline for multi-session support and pharmacotherapy if clinically appropriate.

MY NOTES

GP/NURSE NOTES

MY OTHER CONDITIONS AND TREATABLE TRAITS

- ☐ Reflux or heartburn
- ☐ Hay fever or allergic rhinitis
- ☐ Sinus issues
- ☐ Allergies: _____
- ☐ Excess mucus
- ☐ Higher body weight
- ☐ Activity limitation
- ☐ Vocal cord issues
- ☐ Chronic breathlessness or frequently sigh or yawn
- ☐ Snoring, sleep apnoea
- ☐ Anxiety
- ☐ Low mood or depression
- ☐ Other chronic conditions: _____

These traits or conditions can have an impact on your asthma, but they can be managed individually. Talk to your doctor about treatment options.

Consider impact on asthma and best treatment or multidisciplinary care options.

Advise if at risk of thunderstorm asthma. asthma.org.au/thunderstorm

Review risk for side-effects of oral steroids. Check BP, glucose, cholesterol and bone density.

MY NEXT REVIEW

Book my next review in _____ **weeks / months**

- Asthma symptom control should be monitored frequently.
- In general asthma should be reviewed:
  - **within 3-12 weeks after changing a treatment and**
  - **every 3-12 months depending on how stable your asthma is**
  - **within 1 week after an asthma flare-up**

Book next appointment in advance.

MY QUESTIONS AND NOTES

For more information about asthma, call Asthma Australia on **1800 ASTHMA (1800 278 462)** or email us at **asthmasupport@asthma.org.au**

Do you want more support with your asthma self-management, with a free, long consult with an Asthma Educator?

People with asthma can self-refer by booking a call here: asthma.org.au/book-a-call

Health professionals can refer a patient here: asthma.org.au/refer