

Priorities of Clinical Assessment

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| <p>1. Assess Current Asthma Control</p> <ul style="list-style-type: none"> Use the Asthma Control Test (ACT) for assessment. Review of symptoms after commencing inhaled corticosteroids (ICS) for 6-8 weeks. <p>2. Review Medication and Inhaler Technique</p> <ul style="list-style-type: none"> Ensure correct usage or issue a new device if necessary. Check the number of preventer inhalers issued in the last year. <p>3. Assess and Reduce Modifiable Risk Factors</p> <ul style="list-style-type: none"> Comorbid atopic conditions (hay fever, eczema, allergies). Younger age. Obesity. Tobacco smoke exposure. | <p>4. Identify Trigger Factors</p> <ul style="list-style-type: none"> Consider allergen exposure, environmental factors, etc. <p>5. Optimise Care According to Guidelines</p> <ul style="list-style-type: none"> Follow national/local asthma guidelines. <p>6. Provide Smoking Cessation Advice</p> <ul style="list-style-type: none"> Offer signposting to services for parents, carers, and young people (YP). <p>7. Conduct a Health Review</p> <ul style="list-style-type: none"> Consider diet, weight, lifestyle, and signpost for further support. Assess for potential mental health support needs. <p>8. Discuss Housing</p> <ul style="list-style-type: none"> Use resources to discuss housing and its impact on asthma. |
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History

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| <p>1. Patient's Asthma Control History</p> <ul style="list-style-type: none"> Number of SABA inhalers used per year. Collection percentage of prescribed inhaled corticosteroids in the last year. History of emergency SABA supplies. <p>2. School/Community Organization Referrals</p> <ul style="list-style-type: none"> Asthma-related school absences. Non-participation in physical activities due to asthma. Frequency of reliever inhaler use (more than twice a week indicates poor control). | <p>3. Previous Asthma Management</p> <ul style="list-style-type: none"> Courses of oral corticosteroids per year. Hospital admissions or ED attendances. Asthma Control Test (ACT) scores. Steps taken as per West Yorkshire guidelines. <p>4. Family and Environmental Factors</p> <ul style="list-style-type: none"> Family history of atopic conditions. Exposure to tobacco smoke. Housing conditions and related concerns. |
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Examination

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| <p>1. Physical Examination</p> <ul style="list-style-type: none"> Check for signs of respiratory distress. Evaluate chest sounds for wheezing or other abnormal sounds. <p>2. Inhaler Technique Evaluation</p> <ul style="list-style-type: none"> Observe and correct inhaler use. Provide or demonstrate the use of a new device if needed. <p>3. Monitor and Evaluate</p> <ul style="list-style-type: none"> Check the use of inhalers and adherence to prescribed medication. Identify any improper use or non-compliance. | <p>4. Assessment of Comorbid Conditions</p> <ul style="list-style-type: none"> Check for other atopic conditions like hay fever or eczema. Evaluate for obesity and its impact on asthma control. <p>5. Review of Environmental Factors</p> <ul style="list-style-type: none"> Identify and mitigate exposure to allergens. Discuss and assess the impact of housing conditions on asthma. |
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For Asthma diagnosis please follow Beat Asthma Guidelines: <https://www.beatasthma.co.uk/wp-content/uploads/2022/06/How-to-make-an-Asthma-Diagnosis-in-Primary-Care-june-22.pdf>

Asthma referral form: https://wyhealthiertogether.nhs.uk/application/files/9817/2182/6339/WY_Asthma_referral_form.pdf

Diagnosis - Look out for

- 1. Current Asthma Control**
- Asthma Control Test (ACT) Scores:** Evaluate ACT or Childhood ACT scores to determine the level of control.
 - Symptom Frequency:** Assess how often the patient experiences symptoms such as wheezing, coughing, shortness of breath, or chest tightness.
 - Nighttime Symptoms:** Check for symptoms that wake the patient up at night.
 - Use of Reliever Medication:** Note the frequency of short-acting beta-agonist (SABA) use. More than twice a week indicates poor control.

Actions for Primary Care Based on Assessment Findings

- Asthma Control Test (ACT) Scores**
- Symptom Frequency:** Document the frequency of symptoms like wheezing, coughing, shortness of breath, or chest tightness.
- Nighttime Symptoms:** Ask about and record any nighttime symptoms
- Use of Reliever Medication:** Monitor and note the frequency of SABA use; more than twice a week indicates poor control.

<p>2. Medication Adherence and Technique</p> <ul style="list-style-type: none"> • Adherence to Prescribed Medication: Review if the patient is taking their medication as prescribed, especially preventer inhalers. • Inhaler Technique: Observe the patient's inhaler technique to ensure they are using it correctly. Poor technique can lead to inadequate asthma control. • Frequency of Medication Collection: Check how often preventer inhalers have been collected in the last year. 	<ul style="list-style-type: none"> • Adherence to Prescribed Medication: Discuss with the patient and caregivers the importance of taking medication as prescribed, especially preventer inhalers. • Inhaler Technique: Demonstrate proper inhaler technique and have the patient or caregiver show their technique to ensure proper usage. • Frequency of Medication Collection: Check pharmacy records to see how often preventer inhalers have been collected over the last year.
Diagnosis - Look out for	Actions for Primary Care Based on Assessment Findings
<p>3. Asthma Exacerbation History</p> <ul style="list-style-type: none"> • Oral Corticosteroid Use: Note the number of oral corticosteroid courses taken per year. • Hospital Admissions or ED Visits: Record any history of hospital admissions or emergency department visits due to asthma. 	<ul style="list-style-type: none"> • Oral Corticosteroid Use: Record the number of oral corticosteroid courses the patient has taken in the past year. • Hospital Admissions or ED Visits: Document any hospital admissions or emergency department visits due to asthma.
<p>4. Trigger Identification</p> <ul style="list-style-type: none"> • Allergen Exposure: Identify potential allergens such as dust mites, pet dander, pollen, or mold. • Environmental Factors: Consider exposure to tobacco smoke, air pollution, and occupational irritants. 	<ul style="list-style-type: none"> • Allergen Exposure: Identify and document potential allergens such as dust mites, pet dander, pollen, or mold. • Environmental Factors: Discuss and note any exposure to tobacco smoke, air pollution, or occupational irritants.
<p>5. Modifiable Risk Factors</p> <ul style="list-style-type: none"> • Comorbid Atopic Conditions: Assess for conditions like hay fever, eczema, or food allergies. • Obesity: Evaluate the patient's weight and consider the impact of obesity on asthma. • Tobacco Smoke Exposure: Determine if the patient is exposed to tobacco smoke at home or in other environments. 	<ul style="list-style-type: none"> • Comorbid Atopic Conditions: Evaluate and manage comorbid conditions like hay fever, eczema, or food allergies. • Obesity: Assess the patient's weight and discuss weight management strategies if obesity is a concern. • Tobacco Smoke Exposure: Advice on eliminating exposure to tobacco smoke at home and other environments.
<p>6. Psychosocial and Environmental Factors</p> <ul style="list-style-type: none"> • Mental Health: Assess for any psychological issues that may affect asthma control, such as stress or anxiety. • Housing Conditions: Consider the impact of housing, including issues like dampness, mold, or other environmental triggers. • Social Circumstances: Evaluate the broader social context, including family support and socio-economic factors. 	<ul style="list-style-type: none"> • Mental Health: Screen for psychological issues such as stress or anxiety that may affect asthma control and refer for mental health support if needed. • Housing Conditions: Inquire about housing conditions and address issues like dampness or mold that could impact asthma control. • Social Circumstances: Evaluate the family's socio-economic situation and provide appropriate social support or referrals.
<p>7. Other Health Conditions</p> <ul style="list-style-type: none"> • Comorbid Conditions: Check for other health conditions that may affect asthma, such as gastroesophageal reflux disease (GORD) or chronic sinusitis. • Nutrition: Evaluate the patient's diet and nutritional status. 	<ul style="list-style-type: none"> • Comorbid Conditions: Assess and manage other health conditions that may affect asthma, such as gastroesophageal reflux disease (GORD) or chronic sinusitis. • Nutrition: Evaluate the patient's diet and nutritional status and provide dietary advice or referrals if necessary.
<p>8. Review of the Treatment Plan</p> <ul style="list-style-type: none"> • Current Medication Regimen: Review the patient's current asthma medications and dosages. • Response to Treatment: Assess the patient's response to current treatment and make adjustments as necessary. 	<ul style="list-style-type: none"> • Current Medication Regimen: Review the patient's current asthma medications and dosages for appropriateness. • Response to Treatment: Assess the patient's response to current treatment and make adjustments as needed.
<p>9. Education and Self-Management</p> <ul style="list-style-type: none"> • Asthma Action Plan: Ensure the patient has an asthma action plan and understands how to follow it. • Education on Asthma Management: Provide education on proper inhaler technique, trigger avoidance, and when to seek medical help. 	<ul style="list-style-type: none"> • Asthma Action Plan: Ensure the patient has a written asthma action plan and understands how to follow it. • Education on Asthma Management: Provide education on proper inhaler technique, trigger avoidance, and recognizing when to seek medical help.
<p>10. Additional Support</p> <ul style="list-style-type: none"> • Support Services: Identify if the patient needs additional support, such as smoking cessation services, nutritional counseling, or mental health support. 	<ul style="list-style-type: none"> • Support Services: Identify and refer the patient to additional support services such as smoking cessation programs, nutritional counseling, or mental health support.
<p>11. Safeguarding Concerns</p> <ul style="list-style-type: none"> • Child Protection: Be vigilant for any safeguarding concerns that may affect the child's health and wellbeing and refer to local safeguarding pathways if necessary. 	<ul style="list-style-type: none"> • Child Protection: Be vigilant for any safeguarding concerns affecting the child's health and wellbeing and refer to local safeguarding pathways if necessary.