

PATIENT NAME

DATE

1 HISTORY AND PHYSICAL EXAMINATION

Ask questions regarding the patient's personal and family history of asthma and allergic disease, and consider the number of exacerbations (GP visits, prescription of oral steroids, emergency department visits, hospital admissions) over the previous 12 months:^{2,3}

Is there a personal history of eczema/rhinitis/allergies/other relevant conditions?

Yes No Pattern, frequency, and severity of symptoms:

.....

Is there a family history of asthma/eczema/rhinitis/allergies/other relevant conditions?

Yes No Pattern, frequency, and severity of symptoms:

.....

What is the pattern and frequency of asthma symptoms?

All-year-round Seasonal Worse at night Other

Do symptoms abate when the patient is not at home?

(If so, consider asking questions about the home environment, e.g. is there mould present, are there pets?)

Yes No

Do symptoms get worse when the patient is not at home?

(If so, consider asking questions about the location, e.g. a friend's house with a pet cat)

Yes No

2 REVIEW CONTROL

Use these questions to quickly assess your patient's control:³

In the past 4 weeks, has the patient had:

Daytime symptoms more than twice/week? Yes No

Any night waking due to asthma? Yes No

Reliever needed more than twice/week? Yes No

Any activity limitation due to asthma? Yes No

Well controlled = 4 'no' answers

Partly controlled = 1-2 'yes' answers

Uncontrolled = 3-4 'yes' answers

Using the questions above, educate the patient on the definition of 'well controlled'

Consider referral to secondary care if the patient is poorly compliant, has been prescribed >2 courses of oral steroids or been admitted to hospital in the past 12 months

3 REVIEW TRIGGERS

NRAD recommends that factors that trigger or exacerbate asthma must be elicited routinely and documented in the medical records and personal asthma action plans of all patients with asthma¹

What triggers the patient's asthma or allergic (e.g. rash, swelling) symptoms?

Seasonal triggers: pollens (e.g. trees, grasses, weeds) or moulds

.....

Night-time triggers (e.g. house dust mite)

.....

Food allergens (e.g. egg, milk, fish, shellfish, soya bean, nuts)

.....

Pets (e.g. cat, dog, guinea pig, rabbit, horse)

.....

Exercise

.....

Other (e.g. drugs, occupational, hormonal)

.....

CONFIRM THE LIKELY TRIGGERS:

Based on the results of the allergy-focused clinical history, if IgE-mediated allergy is suspected, either specific IgE blood tests or skin prick tests* should be performed. Specific IgE testing can be performed on any patient irrespective of age, allergic symptoms and medication. Just 1 ml of blood is needed to test for up to 10 allergens. Test results should be interpreted alongside the allergy-focused clinical history.⁴ A specific IgE result of ≥ 0.1 kU_A/L indicates sensitisation.

Patient with...

Asthma and confirmed food allergy

Refer to secondary care
Ensure the patient's asthma is well controlled and consider prescribing an adrenaline autoinjector

Asthma and confirmed pollen/mould allergy

Consider seasonal daily antihistamines and nasal steroids
Consider adapting asthma medication

Asthma and confirmed pet allergy

Optimise treatment and consider regular antihistamines
Discuss removal of pet or environmental avoidance measures

Asthma and confirmed house dust mite allergy

Consider regular antihistamines and nasal steroids if symptoms persist
Discuss avoidance measures

4 REVIEW TREATMENT

NRAD identified that 43% of asthma patients had not had an asthma review in the previous 12 months¹

Ask questions regarding treatment compliance:

In an average week, how many times does the patient forget to take their preventer medicine?

1 or 2 times 3 or 4 times 5 or 6 times 7 or 8 times >9 times

Does your patient think their medicine is working? Preventer Reliever

Educate the patient on the importance of taking their preventer inhaler regularly

Consider prescription of additional treatments for allergic symptoms, especially for patients with concomitant rhinitis (>80% of patients with asthma also suffer from rhinitis)⁵

5 REVIEW INHALER TECHNIQUE

Check technique for every type of inhaler used; visit the [Asthma UK](http://AsthmaUK) website for videos on correct inhaler technique

WHAT NEXT?

NRAD identified that 77% of asthma patients did not have a personal asthma action plan¹

- If asthma control is poor, consider re-evaluating the patient's treatment in conjunction with the **BTS/SIGN** guidelines²
- Update the patient's personal asthma action plan. Ensure all new patients have a plan in place
- For further resources and practical information about diagnosing and managing allergy, and for an asthma action plan template, visit allergyai.com/uk/allergy

* Skin prick tests should only be undertaken where there are facilities to deal with an anaphylactic reaction⁴