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# Navigating through these resources

**This file contains tools and resources that will help manage your patients with asthma**

- The resources have been categorised into four sections, identify, review, manage and refer
- Click on the documents to access the resource directly
- For a description of the resource (including what is it, when to use it, how to use it and who should use it), click 'About this document'

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# Identify

This section contains resources that will assist you and your practice to identify symptoms and contributing comorbidities of uncontrolled asthma.

## Resources in this section include:

### Tip sheet

Some effective tips to assist in identifying patients with uncontrolled asthma.

### Asthma symptom screener

A simple questionnaire to help identify uncontrolled asthma, adapted from the Global Initiative for Asthma's Pocket Guide for Asthma Management and Prevention.

Tip sheet

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# Tips to help you and your practice identify uncontrolled asthma

## Ideas to help you recall patients with asthma

### Scheduling reviews

For patients with asthma, schedule a routine review at least once a year.[1]

**Useful search terms using your patient management software**

- By disease area, e.g. asthma
- By medications dispensed, e.g. salbutamol, budesonide/formoterol, oral corticosteroids (together with "asthma")
- By recent hospitalisations (together with "asthma")

**For patients who have taken oral corticosteroids to help manage their asthma, or have been hospitalised for their asthma, consider:**

1. **Screen for uncontrolled asthma using the Asthma symptom screener**
2. **Differentiate uncontrolled and severe asthma using the Severe asthma checklist**
3. **Refer to specialist review using the Referral template**

**When a patient presents with symptoms that suggest their asthma is not optimally controlled, consider reviewing My Health Record for discharge summaries, prescription and dispensing records or any diagnostic imaging reports**

**Ways to recall your patient**

- **Phone call** to organise a recall appointment
- **SMS** to mobile device, e.g. "Hi <<patient name>>, <<Dr name>> would like to organise a recall appointment. Please call <<phone number>> to book."
- **Email** patient requesting recall, e.g. "Dear <<patient name>>, <<Dr name>> would like to organise a recall appointment. Please call <<phone number>> to book."
- **Letter** sent to home asking patient to call for a recall appointment

**Consider a telehealth consultation and sending a Asthma symptom screener prior to the appointment**

Tip sheet

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# Tips to help you and your practice identify uncontrolled asthma

## Ideas to help you monitor patients with asthma

### High-risk days

For patients with environmental triggers, such as smoke or poor air quality, there are apps that access real-time, local information on key environmental triggers of asthma. Users may choose to receive alerts to their mobile device when the air quality is poor to help manage their symptoms and improve their quality of life.

**Educate patients about environmental triggers and encourage them to monitor local information to be prepared when air quality is poor. There are apps (listed on the next page) that can send alerts to your patients' smartphone**

### Automated correspondence

You can also monitor your patients with automated messaging. Questions can be set up through SMS or on a website where your practice will be able to monitor the responses. Consider recalling patients that, based on their responses, seem to have deteriorating symptoms.

**Automate the Symptom Screener through your practice's software to filter patients with controlled asthma**

### Spirometry

Spirometry is used to diagnose asthma and to establish a patient's baseline and personal best status.[2] Spirometry may be performed in primary care or clinicians may refer patients to an appropriate provider (such as an accredited respiratory function laboratory).[2]

**Australian Asthma Handbook recommendations for performing spirometry in asthma review in adults**

Guidelines and recommendations on how, when and the frequency of which spirometry should be performed, visit: www.asthmahandbook.org.au/management/adults/reviewing-asthma/lung-function/spirometry.

**Spirometry Handbook for primary care**

A guide to performing and interpreting spirometry for primary care health professionals, visit: www.nationalasthma.org.au/living-with-asthma/resources/health-professionals/information-paper/spirometry-handbook.

**Spirometry Quick Reference Guide**

Practical information on how to perform spirometry, visit: www.nationalasthma.org.au/living-with-asthma/resources/health-professionals/information-paper/spirometry-quick-reference-guide.

**National accredited respiratory function laboratories**

A list of laboratories that are accredited to perform spirometry, visit: asthma.org.au/respiratorylabs/.

**Spirometry training**

The National Asthma Council offers a range of respiratory education workshops, including spirometry training for GPs and practice nurses. For more information, including when training sessions are held, visit: www.nationalasthma.org.au/health-professionals/education-training/spirometry-training.

**Note: COVID-19 infection prevention and control guidelines apply, refer to the Australian Asthma Handbook[2]**

Tip sheet

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# Resources to share with your patients

## Websites and apps for smartphones

For patients and/or their carers using a mobile device, an app may be an effective way to encourage self-monitoring that allows recording of symptoms, triggers and more.

### Encourage self-management

**Kiss My Asthma (aimed at adolescent and young adults)**
kissmyasthma.org.au/

An app aimed to help people self-manage their asthma. This app features tracking of asthma symptoms and mood, medication reminders, accessing a completed action plan and setting goals. Encourage your patient to log their data to share with you at their next appointment.

### Monitor air quality

**AUSPollen (NSW, NT, QLD, SA, VIC, WA)**
www.pollenforecast.com.au/

Providing patients suffering from allergy and asthma with accurate, relevant, localised information on pollen counts.

**AirRater (ACT and TAS)**
airrater.org/

For patients where smoke or poor air quality are triggers. This app helps patients manage their symptoms and improve their quality of life through accessing real-time, local information on key environmental triggers of asthma. Users may choose to receive alerts to their mobile device when the air quality is poor.

### Provide information

**Asthma first aid app**
play.google.com/store/apps/details?id=com.app.asthma_aus and
apps.apple.com/au/app/asthma-aust-asthma-first-aid/id1166552035

In the event of an asthma emergency, this app covers both first aid and the ability to review each first aid step.

**Menzie's asthma app**
play.google.com/store/apps/details?id=com.menzies.lungapp1 and
apps.apple.com/us/app/lung-health-for-kids/id1509172445

An interactive app to help Aboriginal and Torres Strait Islander families learn about asthma. It is available in eight different languages used in northern and central Australia.

## Print resources

www.nationalasthma.org.au/living-with-asthma/resources/patients-carers and
asthma.org.au/what-we-do/how-we-can-help/

Asthma Australia and the National Asthma Council both provide reliable, quality and up-to-date information for patients and their carers.

## Patients from culturally and linguistically diverse backgrounds

www.healthtranslations.vic.gov.au/bhcv2/bhcht.nsf/PresentEnglishResourceAll?Open&x=&s=asthma

Health Translations aim to improve the health and wellbeing of people from culturally and linguistically diverse backgrounds. Users can search by topic and/or language to find direct links to resources that are appropriate to them.

**References: 1.** Global Strategy for Asthma Management and Prevention. Pocket Guide for Asthma Management and Prevention 2020. Available from: ginasthma.org/wp-content/uploads/2020/04/Main-pocket-guide_2020_04_03-final-wms.pdf [Accessed March 2021]. **2.** National Asthma Council Australia. Australian Asthma Handbook, Version 2.1. National Asthma Council Australia, Melbourne, 2020. Available from: www.asthmahandbook.org.au [Accessed March 2021].

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# How well controlled is your asthma?

In a recent study, over 6 in 10 patients with asthma (60.4%) believed their asthma was 'well controlled', however, 71.1% of these patients were incorrect.[1]

*Patients at all levels of asthma severity are at risk of poor control and flare-ups.*[2]

| In the past 4 weeks, have you had: | | |
|---|---|---|
| Daytime asthma symptoms more than twice/week? | ◯ Yes | ◯ No |
| Any night waking due to asthma? | ◯ Yes | ◯ No |
| Relief needed for symptoms* more than twice per week? | ◯ Yes | ◯ No |
| Any activity limitation due to asthma? | ◯ Yes | ◯ No |

*Relates to short-acting beta-2 agonist (SABA) reliever use. Excludes reliever taken before exercise.

**If you have answered 'yes' to:**

| None of these | 1–2 of these | ≥ 3 of these |
|---|---|---|
| Your asthma appears to be | Your asthma appears to be | Your asthma appears to be |
| **WELL CONTROLLED** | **PARTIALLY CONTROLLED** | **UNCONTROLLED** |



**References: 1.** Kritikos V *et al. Prim Care Respir Med* 2019; 29(1):43. **2.** Global Strategy for Asthma Management and Prevention. Pocket Guide for Asthma Management and Prevention 2020. Available from: ginasthma.org/wp-content/uploads/2020/04/Main-pocket-guide_2020_04_03-final-wms.pdf [Accessed March 2021].

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# Review

This section contains resources that will help you and your practice review asthma flare-ups and pharmacotherapies for patient follow-up.

## Resources in this section include:

### Recommendations to manage flare-ups

Best-practice guidelines and recommendations for the appropriate management of adults presenting with flare-ups based on the Australian Asthma Handbook.

### Asthma consultation guide

An efficient consultation model, adapted from Asthma Australia, that can be used during scheduled asthma consultations.

### Severe asthma checklist

A guide, developed by the National Asthma Council Australia, to inform the diagnosis of severe asthma.

### Risk factors for adverse asthma outcomes

Guidance on reviewing the appropriateness of a patient's prescribed treatment based on the Australian Asthma Handbook.

# Recommendations to manage flare-ups[1]

## Managing flare-ups in adults[1]

The Australian Asthma Handbook's recommendations to managing flare-ups in adults can be found here www.asthmahandbook.org.au/management/adults/flare-ups

**Reference: 1.** National Asthma Council Australia. Australian Asthma Handbook, Version 2.1. National Asthma Council Australia, Melbourne, 2020. Available from: www.asthmahandbook.org.au [Accessed March 2021].

# 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 UPS[3]

- [ ] Poor asthma control[c]
- [ ] 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 OUTCOMES[3]

**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 pressure[i]
- [ ] Misconception that prescribed medications are not effective, necessary or safe
- [ ] Other psychosocial factors[j]

### 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 corrected[11]
- [ ] Correct inhaler technique was subsequently demonstrated[11]
- [ ] 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 function[12]

### 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 numbers[3]
- ☐ Appropriate for an individual's current circumstances[15w]
- ☐ Includes the name of the person writing the plan and date issued[3]
- ☐ Reviewed in the last year[16]

### 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 airfl ow limitation, frequent rhinosinusitis symptoms, or other comorbid conditions that affect asthma control
- ☐ Every 6 months if a fl are-up over the last 12 months, or other risk factors for fl are-ups or life-threatening asthma are present
- ☐ Every year if no fl are-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 asthma[z]
- ☐ 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

Severe asthma checklist

CHECKLIST FOR **HEALTH PROFESSIONALS**

# Is it severe asthma?

National Asthma Council Australia
leading the attack against asthma

A guide to identifying patients with severe asthma among adults and adolescents with asthma that is not well controlled despite treatment

## 1 CONFIRM AND CHECK

### THE DIAGNOSIS

- ☐ Check that variable expiratory airflow limitation has been documented. **[A]**
- ☐ Investigate signs/symptoms suggesting alternative diagnosis or comorbidity. **[B]**

### ADHERENCE

- ☐ Assess adherence to ICS-based preventer and explore barriers. **[C]**

### INHALER TECHNIQUE

- ☐ Use a checklist of correct steps for the specific inhaler type. **[D]**

### FOR SABA OVERUSE

- ☐ Ask how many puffs taken per day and how long reliever puffer lasts. Check prescribing records.
- ☐ Ask if patient also uses non-prescription reliever. **[E]**

## 2 ASSESS

### COMORBIDITIES

- ☐ Consider anxiety, obesity, symptomatic GORD, rhinosinusitis, untreated OSA, deconditioning, upper airway dysfunction. **[B]**

### TRIGGERS

- ☐ Assess and manage exposure to asthma triggers. Ask about exposure to cigarette smoke, other triggers (e.g. infections, allergens, irritants, moulds/dampness, indoor/outdoor air pollution). Consider AERD. **[F]**

### DEFINITIONS

**Severe asthma:** asthma that remains uncontrolled despite regular treatment with high-dose ICS plus LABA or with maintenance OCS, or asthma that requires this level of treatment to prevent loss of control.[1] Less than 4% of adults with asthma have severe asthma.[2]

**Uncontrolled asthma:** poor symptom control, e.g. during previous 4 weeks symptoms during night or on waking or limitation of activities due to asthma, daytime symptoms >2 days/week or need for SABA reliever >2 days/week (not including doses taken prophylactically before exercise), frequent/serious flare-ups or persistent airflow limitation on spirometry

**High-dose ICS:** >400 microg/day beclometasone dipropionate, >800 microg/day budesonide, >320 microg/day ciclesonide, 200 microg/day fluticasone furoate, >500 microg/day fluticasone propionate

**AERD:** aspirin-exacerbated respiratory disease
**GORD:** gastroesophageal reflux disease
**ICS:** inhaled corticosteroid
**LABA:** long-acting beta$_2$ agonist
**MART:** maintenance-and-reliever therapy
**OCS:** oral corticosteroids
**OSA:** obstructive sleep apnoea
**SABA:** short-acting beta$_2$ agonist

**Refer to notes A–I on reverse page**

## 3 CONSIDER

### EARLY REFERRAL

- ☐ Identify patients with possible severe asthma who might benefit from monoclonal antibody therapy, and offer referral for specialist assessment without delay (after confirming correct inhaler technique and adherence). **[G]**

  Also consider immediate referral to an immunologist if food allergy present/suspected.

## 4 OPTIMISE TREATMENT

### CONSIDER [H]

- ☐ 1. budesonide plus formoterol as MART instead of fixed-dose ICS–LABA plus as-needed SABA
  2. add-on tiotropium by mist inhaler
  3. high-dose ICS–LABA for 3–6 months.

## 5 REFER FOR SEVERE ASTHMA

Refer at any time if patient needs prolonged high-dose ICS, needs maintenance OCS, has needed ≥2 courses of OCS for acute asthma despite treatment with ICS–LABA, has used SABA 6–8 puffs/day for several weeks, or has frequent flare-ups, after ruling out/ correcting common reasons for uncontrolled asthma (low adherence/poor inhaler technique with ICS, continued exposure to triggers). **[I]**

ABOUT THIS DOCUMENT >

## NOTES

**Provide every patient with an individualised written asthma action plan and update it regularly (at least yearly, and whenever treatment is changed).**

**A.** Airflow limitation (reduced $FEV_1$/FVC on spirometry) and any of:
- increase in $FEV_1$ ≥200 mL and ≥12% from baseline 10–15 minutes after bronchodilator
- increase or decrease in $FEV_1$ of ≥20% measured on different visits
- clinically important reduction in lung function on exercise challenge test or bronchial provocation test in specialist laboratory
- increase in $FEV_1$ ≥200 mL and ≥12% from baseline after ICS treatment trial (≥4 weeks)
- peak expiratory flow variability ≥10%.

**B.** Consider and manage contributing factors, e.g. anxiety, obesity, symptomatic GORD, allergic rhinitis, rhinosinusitis, OSA, deconditioning, upper airway dysfunction, hormonal influences such as premenstrual asthma, menarche, menopause, thyroid disorders.

**C.** Ask open questions in a non-judgemental tone, e.g:[3] *In the last 4 weeks, how many days a week would you have taken your preventer medication? None at all? One? Two?* (etc). *How many times a day would you take it? Morning only? Evening only? Morning and evening?* (or other) *Each time, how many puffs would you take? One? Two?* (etc). *Do you find it easier to remember your medication in the morning or the evening?*

**D.** Most patients do not use their inhaler correctly, even with experience. Repeated one-to-one training is essential.[4]

**E.** Dispensing of 3 or more canisters in a year (average 1.6 puffs per day) is associated with increased risk of flare-ups.[5] Dispensing 12 or more canisters in a year (average 6.6 puffs per day) is associated with increased risk of asthma death.[6]

**F.** AERD is characterised by airway inflammation including asthma, nasal polyposis, and flare-ups (which may be severe) in response to nonsteroidal anti-inflammatory drugs.

**G.** Monoclonal antibody treatments for severe asthma (benralizumab, omalizumab, mepolizumab) can only be prescribed for patients attending a public hospital or approved private hospital (see PBS listing). PBS criteria include treatment by the same specialist for ≥6 months or asthma diagnosis by a multidisciplinary severe asthma clinic team, and inadequate asthma control despite documented adherence to optimised standard treatment including high-dose ICS+LABA for ≥12 months. Tests to determine severe asthma phenotype and eligibility (e.g. skin prick testing, blood eosinophil count, exhaled nitric oxide) need not be ordered by GP (preferably arranged by specialist).

**H.** Follow the stepped approach to treatment (see asthmahandbook.org.au). Review inhaler technique and adherence before trialling treatment changes (see TGA indications and PBS listings). Monitor asthma symptom control during treatment trials and stop if ineffective. MART has been shown to reduce the risk of severe flare-ups compared with higher-dose maintenance ICS or ICS-LABA.[7] Add-on montelukast can also be trialled (limited evidence for benefit in AERD but very little evidence for benefit in severe asthma; warn patient about potential neuropsychiatric effects).[8] Trial maintenance OCS only if ineligible for monoclonal antibody treatment and after optimising treatment regimen, adherence and inhaler technique. Avoid daily OCS dosing. For patients taking OCS (maintenance treatment or frequent courses) or high-dose ICS, monitor and manage potential adverse effects (e.g. blood pressure, blood glucose, bone mineralisation, eye examination, adrenal function).

**I.** Refer to respiratory physician or multidisciplinary severe asthma clinic. If not possible, refer to a general physician, allergist or clinical immunologist with expertise in managing severe asthma.

For more information on asthma diagnosis and management, visit **asthmahandbook.org.au.**

For how-to videos and checklists on inhaler technique, written asthma action plan templates and information papers, visit **nationalasthma.org.au.**

National Asthma Council Australia
leading the attack against asthma

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Developed based on guidance in the *Australian Asthma Handbook V2.0* and the *Monoclonal antibody therapy for severe asthma information paper* and in consultation with Dr Ian Almond, general practitioner, and Professor Peter Wark, adult respiratory physician.

AstraZeneca

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## REFERENCES

**1.** Chung, KF, et al. *Eur Respir J.* 2014; 43: 343-73; **2.** Hekking, PP, et al. *J Allergy Clin Immunol.* 2015; 135: 896-902; **3.** Foster JM, et al. *Intern Med J* 2012; 42: e136-e44; **4.** NAC. *Inhaler technique for people with asthma or COPD.* 2018; **5.** Stanford RH, et al. *Ann Allergy Asthma Immunol* 2012; 109: 403-7; **6.** Suissa S, et al. *Am J Respir Crit Care Med.* 1994; 149: 604-10; **7.** Edwards SJ , et al. Int J Clin Pract. 2010; 64: 619-27; **8.** TGA. Montelukast [web page]. 2018 https://www.tga.gov.au/alert/montelukast

## DISCLAIMER

# Australian Asthma Handbook's recommendations on checking whether the current prescribed treatment is appropriate in adults[1]

1. Assess and record the person's level of recent asthma symptom control
2. Check for risk factors and make sure the treatment regimen is suitable for any risk factors identified
3. Check the preventer dose your patient is currently taking
4. For patients with asthma that remains uncontrolled despite appropriate preventer treatment for their age, check adherence and inhaler technique carefully before optimising the treatment regimen

Go to www.asthmahandbook.org.au/clinical-issues/management-challenges/treatment for more information. In particular, read the tables *Risk factors for adverse asthma outcomes in adults and adolescents* and *Management of risk factors for adverse asthma outcomes in adults* to help you identify risk factors and the recommended clinical actions.

**One way to check medication adherence would be through My Health Record. View a patient's medication dispensing record and:**

- **discuss discrepancies with your patient and provide counselling, if needed**
- **consider whether your patient may benefit from a nurse support visit in between GP visits**

**Reference: 1.** National Asthma Council Australia. Australian Asthma Handbook, Version 2.1. National Asthma Council Australia, Melbourne, 2020. Available from: www.asthmahandbook.org.au [Accessed March 2021].

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# Manage

This section contains resources that will help you and your practice manage uncontrolled asthma.

## Resources in this section include:

**Asthma Cycle of Care process map**
An example process map and things to review during an asthma visit.

**Asthma action plans**
Templates of written Asthma action plans that can be individualised to each patient.

**Asthma action plan checklist**
A checklist covering consideration factors when reviewing your patient's Asthma action plan.

**Pharmacotherapy selection and medication chart**
Recommendations for selecting initial treatment and adjusting treatment in adults based on the Australian Asthma Handbook and a medication patient aid to assist patients to identify their current treatment.

**Oral corticosteroid exposure reminder**
A reminder about the consequences for a patient who is accumulating corticosteroid usage over their lifetime.

**Patient questionnaire**
A sample of patient-focussed questions to help determine a patient's functional status.

# Asthma Cycle of Care

## Patient eligibility[1]

**Patients must have moderate-to-severe asthma or a poor level of control, such as:**

- have symptoms on most days, or
- use preventer medications, or
- use a bronchodilator at least 3 times per week, or
- have experienced acute exacerbations leading to hospital admission or attendance

**Use the Asthma symptom screener to assess for asthma control**

## Process[1,2]

- You will need to complete at least two asthma-related consultations in 4 weeks (min) to 12 months (max)
  - At least one of these consultations should be a review consultation (visit 2) that was planned at a previous consultation
- The visits must include diagnosis and assessment of severity, review of medication and written asthma action plan with education given to the patient

**Use the Suggested visit structures on the next page to guide your implementation of the Asthma Cycle of Care**

## Payments[1,2]

All visits should be billed under the normal attendance items with the exception of the visit that completes the Asthma Cycle of Care. Further information is available on the PIP enquiry line on **1800 222 032** or www.medicareaustralia.gov.au/pip and in the Medicare Benefits Schedule Book.

| | | | |
|---|---|---|---|
| **Sign-on** | - | $0.25 (per FTE GP) | • One-off payment only<br>• Practice must be registered for PIP<br>• Incentive payable with quarterly PIP payments |
| **Asthma Cycle of Care – completion of review consultation (visit 2)** | **Level B** - 2546 and 2547<br>**Level C** - 2552 and 2553<br>**Level D** - 2558 and 2559 | $100 per patient plus consultation fees | These item numbers should be used in place of the usual attendance items when a consultation completes the minimum requirements for the Asthma Cycle of Care |

FTE, full-time equivalent; PIP, practice incentives program.

**Recalling patients for regular assessment is important because:[1]**

- symptoms and peak flow charts can be reviewed
- patient-initiated changes to therapy can be reviewed
- inhaler technique can be checked
- education and adherence to treatment plans can be enforced
- asthma action plans can be reviewed and/or updated
- trigger factors and strategies for trigger avoidance can be reviewed
- lung function can be objectively assessed by spirometry.

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# Suggested visit structures[1,2]

## Visit 1

**Your patient usually presents at this visit with an unrelated problem, they mention their symptoms in passing**

- Manage the issue that caused the asthma to be discussed e.g. asthma symptoms, request for a script
- Reinforce need and book follow-up appointment

**Bill under normal MBS items (23/36 or 44)**

## Visit 2

**Approximately 2 weeks later (example process on next page)**

- Discuss with the patient how they feel about their asthma, identify triggers and set goals
- Perform physical examination (including spirometry)
- Grade asthma severity and level of control
- Prescribe/review medication and educate/review devices technique
- Consider peak expiratory flow rate (PEFR) recording and charting over 2 weeks
- Explain and complete an Asthma Action Plan

**Bill under MBS items in Group A18 or A19 (2546, 2552 or 2558)**
**For spirometry, include item 11506**

## Visit 3

**(optional)**

**Approximately 1 month later**

- Review patient, including PEFR recording
- Perform spirometry (if required)
- Assess progress, review medication devices and techniques
- Review and complete written asthma action plan
- Consider adjusting medication
- Check on, reinforce and expand education
- Recall patient within 12 months for review

**Bill normal MBS items (23/36 or 44). For spirometry, include item 11506**

**A practice nurse can be used to assist GPs with the Asthma Cycle of Care. Nurses can help provide patient enducation, record peak-flow or spirometry results, take detailed patient and medication history and review device technique[2]**

# Example workflow for asthma visit

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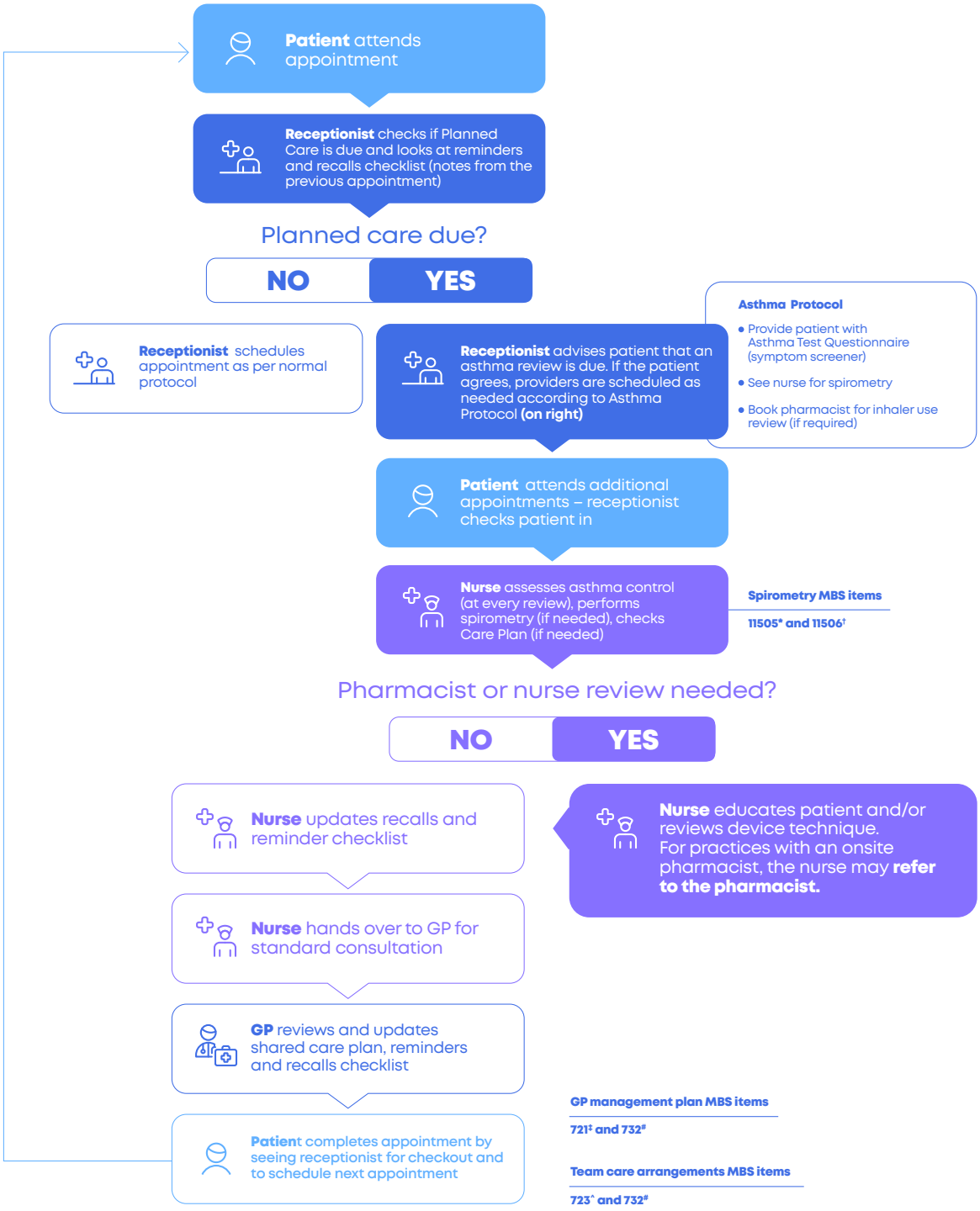


*Used annually to aid diagnosis. †Used for ongoing monitoring. ‡Also provides the patient with five nurse visits (10 for Aboriginal and Torres Strait Islander peoples) for support visits between GP reviews. #For review every 3 months (may be billed twice if reviewing both the GP management plan and Team care arrangement). ^For use when other health professional(s) is/are involved, e.g. physiotherapist, pharmacist, specialist. Also provides the patient with five subsidised allied health professional visits.

**References: 1.** Australian Government, Department of Health and Ageing. Asthma Cycle of Care. Available from: www.emphn.org.au/images/uploads/files/Asthma-Cycle-of-Care.pdf [Accessed April 2021]. **2.** Medicare local: Inner West Sydney. Information sheet – Asthma Cycle of Care. Available from: www.cesphn.org.au/images/cdm/Asthma_Cycle_billing_sample.pdf [Accessed April 2021].

# Asthma action plans

Download the following asthma action plan templates from the National Asthma Council at www.nationalasthma.org.au/health-professionals/asthma-action-plans/asthma-action-plan-library

- Asthma action plan for adults (in colour, black and white, writable and rich text format)
- Asthma action plan for budesonide/formoterol Rapihaler 100/3
- Asthma action plan for budesonide/formoterol Turbuhaler 200/6
- Asthma action plan for beclometasone/formoterol
- Asthma action plans for Indigenous Australians
- For action plans translated in languages other than English, visit: www.nationalasthma.org.au/health-professionals/asthma-action-plans/translated-action-plans

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# Checklist for reviewing a written asthma action plan[1]

This resource has been adapted from the Australian Asthma Handbook's *Checklist for reviewing a written asthma action plan*, available from www.asthmahandbook.org.au/management/adults/self-management/action-plans

When reviewing a written asthma action plan, consider the following:

- Does the person know where their written asthma action plan is?
- Are they using their asthma action plan? If so, do they find it helpful, and are there any problems?
- Are listed medicines and instructions for actions current and appropriate?
- Are the contact details for medical care and acute care up to date?

- [ ] Ask if the person knows where their written asthma action plan is
- [ ] Ask your patient if they have had any problems using their written asthma action plan or have any comments about whether they find it helpful
- [ ] Check that the medication recommendations are appropriate to your patient's current treatment
- [ ] Check that all action points are appropriate to your patient's level of recent asthma symptom control
- [ ] Check that your patient understands and is satisfied with the action points
- [ ] If the written asthma action plan has been used because of worsening asthma more than once in the past 12 months: review your patient's asthma treatment, adherence, inhaler technique and exposure to avoidable trigger factors
- [ ] Check that the contact details for medical care and acute care are up to date

**Ensure your patient has made a return visit appointment before they leave the practice**

**Directly email a copy of the updated action plan to your patient so they can always have their action plan on hand on their smart phone/device**

**Reference: 1.** National Asthma Council Australia. Australian Asthma Handbook, Version 2.1. National Asthma Council Australia, Melbourne, 2020. Available from: www.asthmahandbook.org.au [Accessed March 2021].

# Pharmacotherapy selection and medication chart

## Selecting initial treatment in adults[1]

You can find the Australian Asthma Handbook's recommendations for selecting initial treatment for adults here www.asthmahandbook.org.au/management/adults/initial-treatment

## Adjusting treatment in adults[1]

You can find the Australian Asthma Handbook's recommendations for stepping up or down treatment for adults here www.asthmahandbook.org.au/management/adults/stepped-adjustment

**Reference: 1.** National Asthma Council Australia. Australian Asthma Handbook, Version 2.1. National Asthma Council Australia, Melbourne, 2020. Available from: www.asthmahandbook.org.au [Accessed March 2021].

National Asthma Council AUSTRALIA

# ASTHMA & COPD MEDICATIONS

## SABA RELIEVERS

Ventolin Inhaler † ^
salbutamol 100mcg

Asmol Inhaler † ^
salbutamol 100mcg

Bricanyl Turbuhaler [a] [c]
terbutaline 500mcg

Airomir Autohaler ‡ #
salbutamol 100mcg

## ICS PREVENTERS

Flixotide Inhaler †
fluticasone propionate
50mcg* • 125mcg • 250mcg
**Flixotide Junior*

Fluticasone Cipla Inhaler †
fluticasone propionate
125mcg • 250mcg

Flixotide Accuhaler †
fluticasone propionate
100mcg* • 250mcg • 500mcg

QVAR Inhaler †
beclometasone
50mcg • 100mcg

Pulmicort Turbuhaler †
budesonide
100mcg • 200mcg • 400mcg

QVAR Autohaler ‡
beclometasone
50mcg • 100mcg

Alvesco Inhaler †
ciclesonide
80mcg • 160mcg

Arnuity Ellipta †
fluticasone furoate
50mcg • 100mcg • 200mcg

## ICS/LABA COMBINATIONS

Seretide MDI [a]
fluticasone propionate/salmeterol
50/25 • 125/25 • 250/25 [c]

Fluticasone + Salmeterol Cipla Inhaler [a]
fluticasone propionate/salmeterol
125/25 • 250/25 [c]

Seretide Accuhaler [a]
fluticasone propionate/salmeterol
100/50 • 250/50 • 500/50 [c]

Flutiform Inhaler [a]
fluticasone propionate/formoterol
50/5 • 125/5 • 250/10

Symbicort Turbuhaler [a]
budesonide/formoterol
100/6 • 200/6 • 400/12 [c]

DuoResp Spiromax [a]
budesonide/formoterol
200/6 • 400/12 [c]

Symbicort Rapihaler [a]
budesonide/formoterol
50/3 • 100/3 • 200/6 [c]

Breo Ellipta [a]
fluticasone furoate/vilanterol
100/25 [c] • 200/25

## LAMA MEDICATIONS

Spiriva Respimat # ‡/[a]
tiotropium 2.5mcg

Spiriva Handihaler #
tiotropium 18mcg

Braltus Zonda #
tiotropium 13mcg

Bretaris Genuair #
aclidinium 322mcg

Seebri Breezhaler #
glycopyrronium 50mcg

Incruse Ellipta #
umeclidinium 62.5mcg

## LAMA/LABA COMBINATIONS

Spiolto Respimat [c]
tiotropium/olodaterol
2.5/2.5

Brimica Genuair [c]
aclidinium/formoterol
340/12

## RESOURCES

### TREATMENT GUIDELINES

Australian Asthma Handbook:
**asthmahandbook.org.au**
COPD-X Plan:
**copdx.org.au**

### INHALER TECHNIQUE

How-to videos, patient and practitioner information
**nationalasthma.org.au**

Inhalers/MDIs should be used with a compatible spacer

### HOW-TO VIDEOS

SCAN ME

## SAMA MEDICATION

Atrovent Metered Aerosol † ^
ipratropium 21mcg

## NON STEROIDAL PREVENTER

Montelukast Tablet [a]
montelukast
4mg • 5mg • 10mg
*Generic medicine suppliers*

## LABA MEDICATIONS

Oxis Turbuhaler ‡
formoterol
6mcg • 12mcg

Serevent Accuhaler ‡
salmeterol
50mcg

Onbrez Breezhaler #
indacaterol
150mcg • 300mcg

## LAMA/LABA COMBINATIONS

Fostair Inhaler [a]
beclometasone/formoterol
100/6

Ultibro Breezhaler [c]
indacaterol/glycopyrronium
110/50

Anoro Ellipta [c]
umeclidinium/vilanterol
62.5/25

*all units in mcg*

*all units in mcg*

## ICS/LAMA/LABA

Trelegy Ellipta [c]
fluticasone furoate/ umeclidinium/vilanterol
100/62.5/25mcg

ICS, inhaled corticosteroid | LABA, long-acting beta$_2$ agonist | LAMA, long-acting muscarinic antagonist | SABA, short-acting beta$_2$ agonist | SAMA, short-acting muscarinic antagonist

This chart was developed independently by the National Asthma Council Australia with support from Mylan Health, Chiesi Australia, GSK Australia & AstraZeneca Australia



**PBS PRESCRIBERS** † Asthma unrestricted benefit ‡ Asthma restricted benefit [a] Asthma authority required ^ COPD unrestricted benefit # COPD restricted benefit [c] COPD authority required

*Check TGA and PBS for current age and condition criteria*

ABOUT THIS DOCUMENT >

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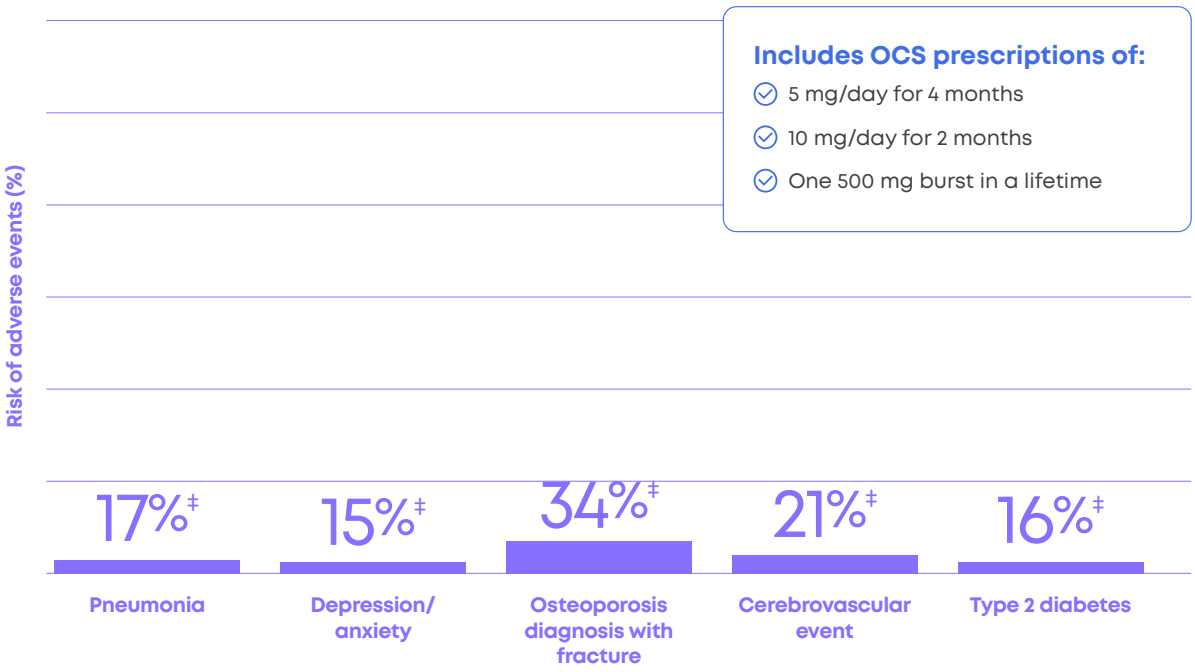
# Oral corticosteroid exposure reminder

**Just 1g of OCS in a lifetime increases risk of consequences for patients** (p<0.05 vs no OCS)*†[1]

OCS may be prescribed, whenever indicated, by the patient's asthma action plan[2]

- **0.5g to <1g**
- 1g to <2.5g
- 2.5g to <5g
- 5g to <10g
- ≥10g

## As OCS exposure accumulates, so do negative effects*†




*All OCS doses expressed as prednisolone-equivalents. Lifetime cumulative OCS dose and associated percent increase in risk of OCS-related adverse events (significant vs >0g to <0.5g unless otherwise marked)†

†Selected adverse events; ‡Not significant.

Adapted from Price DB *et al*, 2018.[1] Historical matched cohort study of 48,234 patients aged ≥18 years with active asthma. OCS=oral corticosteroid.

**References: 1.** Price DB *et al. J Asthma Allergy* 2018; 11:193–204. **2.** National Asthma Council Australia. Asthma action plans. Available from: www.nationalasthma.org.au/health-professionals/asthma-action-plans [Accessed March 2021].

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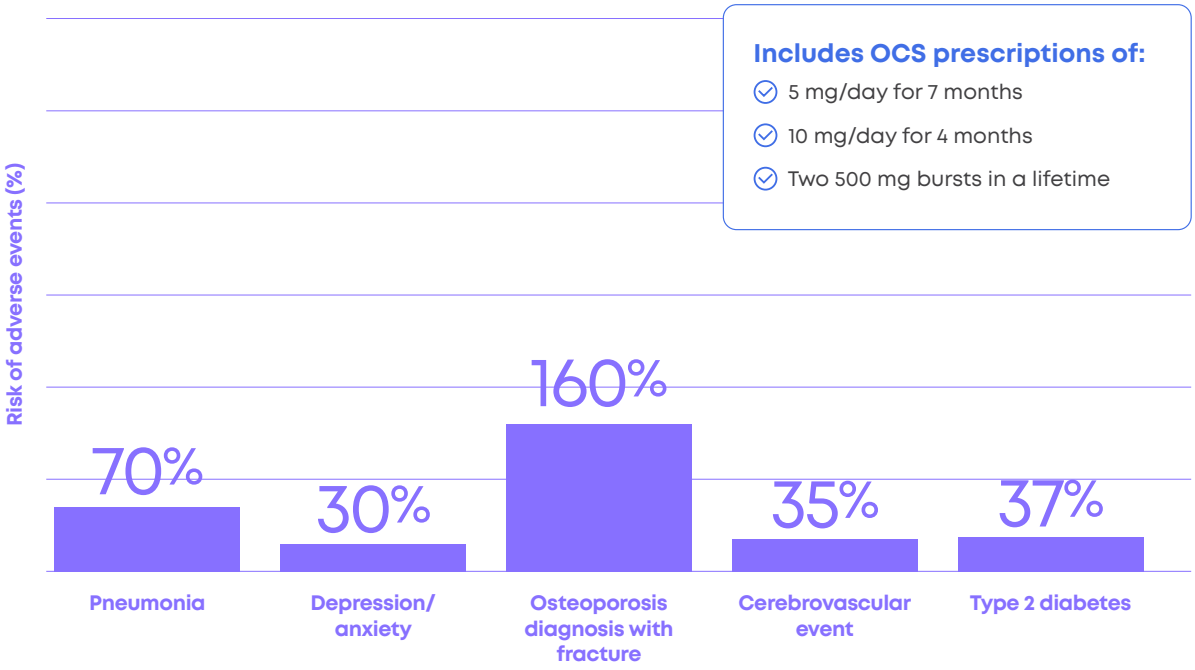


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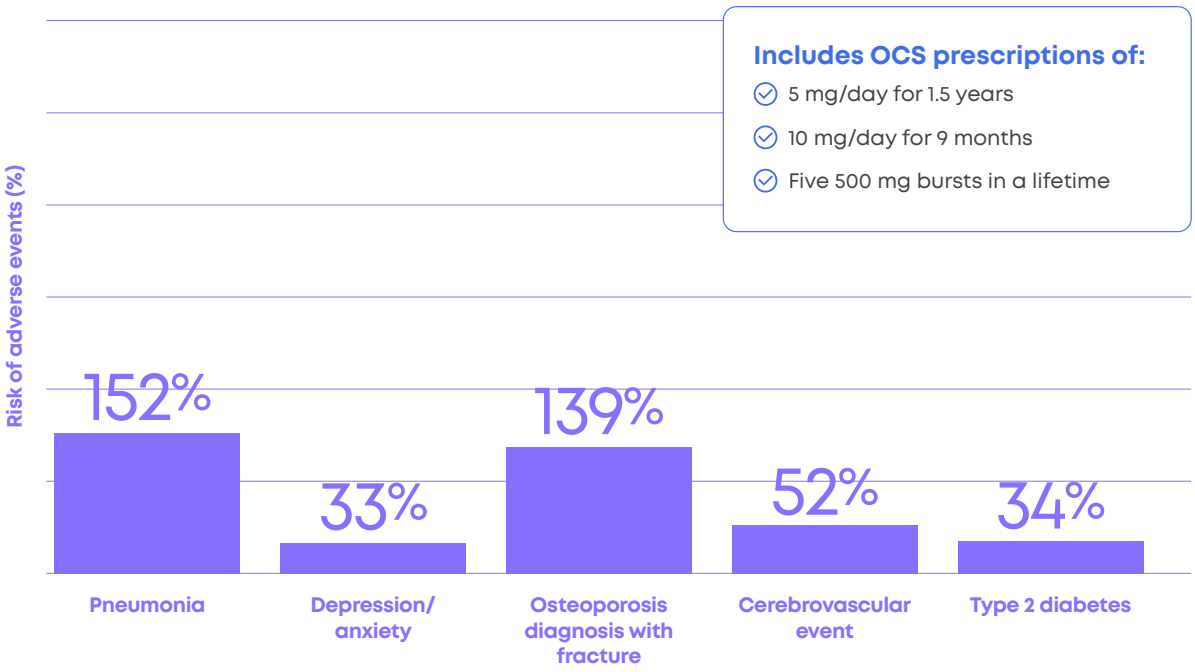


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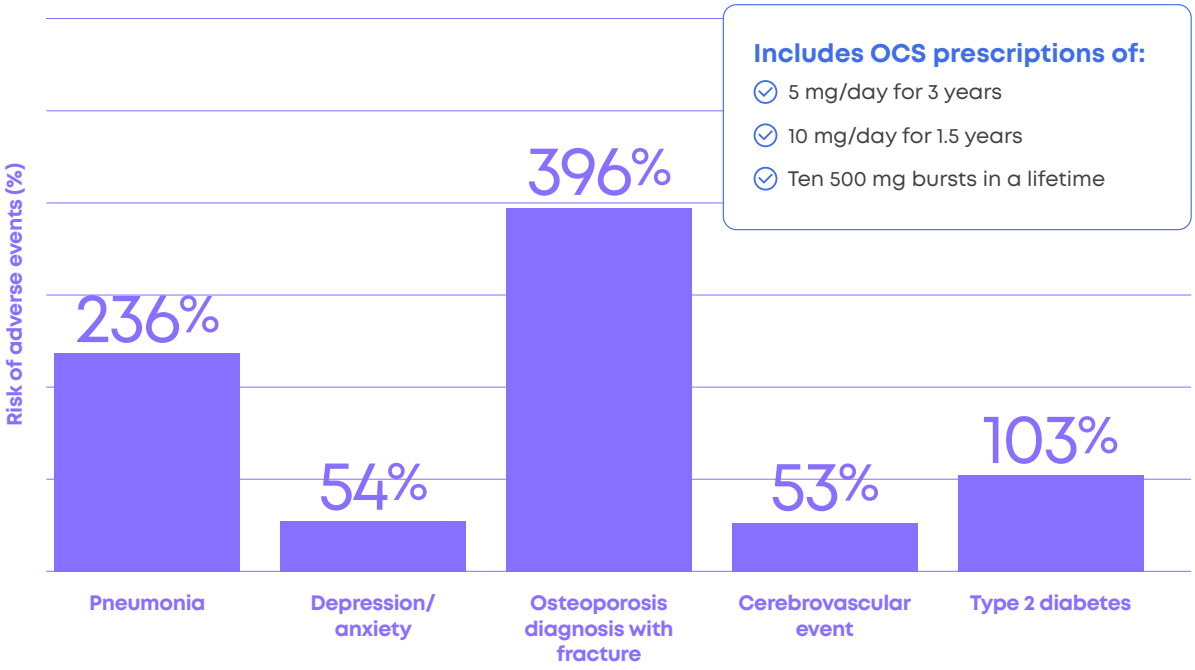


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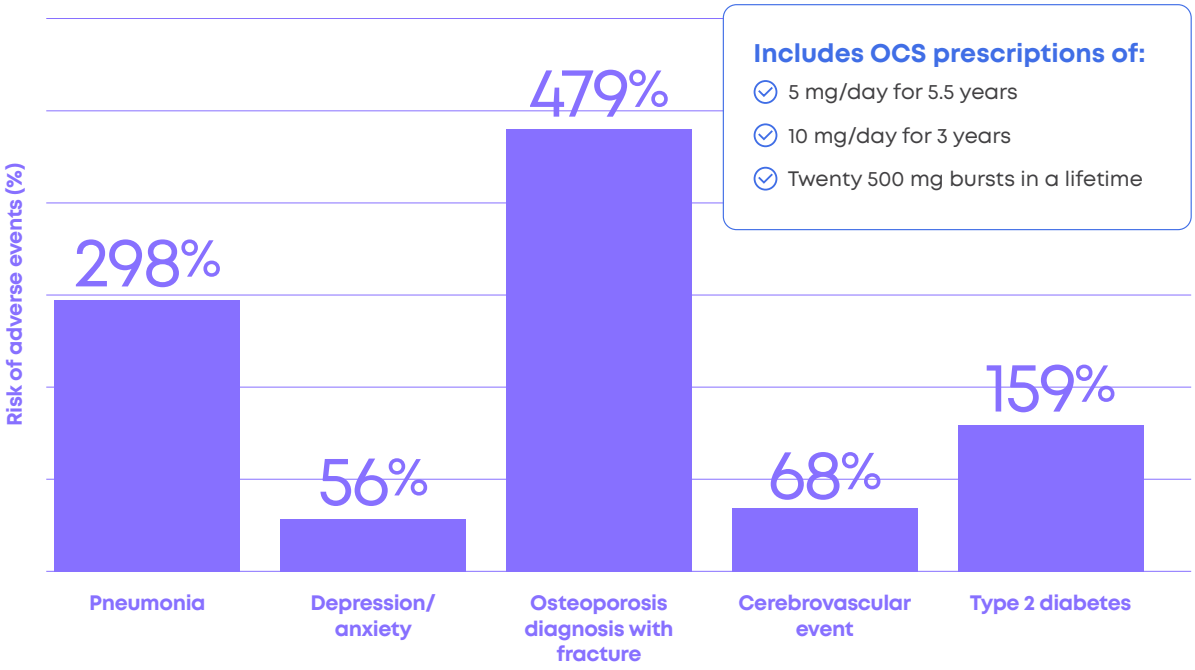


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# Patient-focussed questions

**Note: this resource contains examples of how you may word your own questions when speaking with a patient. For more information on how to use this resource click here**

## Patient experience

- How do you manage your asthma? What challenges (if any) have you had when managing your asthma?
- Has your asthma limited what you can do at work or home?
- Do you have any concerns about your asthma?
- Do you have any long-term goals impacted by asthma?
- Since the last review, have you had an emergency visit with a healthcare provider due to asthma?
- Are you satisfied with your experience with health providers when seeking care/treatment for your asthma? Is there anything you would change?
- Do you have any other questions for me?

## Managing medication[1]

- Are you having any concerns with taking your current asthma medications as prescribed?
- Many people don't take their medication as prescribed. In the last four weeks:
  - How many days a week would you have taken your preventer medication? None at all? One? Two? (etc).
  - How many times a day would you take it? Morning only? Evening only? Morning and evening? (or other)
  - Each time, how many puffs would you take? One? Two? (etc).
- Do you find it easier to remember your medication in the morning, or the evening?

**When assessing medication adherence, normalise non-adherence[1]**

**Help your patients manage their medications using the MedicineWise app (developed by NPS MedicineWise). For more information visit: www.nps.org.au/medicinewiseapp**

## Mental health[2,3]

The Patient Health Questionnaire (PHQ9) helps quantify depression symptoms and monitor severity. This interactive questionnaire helps calculate your patient's depression score to monitor any ongoing symptoms and provides advice and the next steps that you could take to help manage your patient's mental health.

www.mdcalc.com/phq-9-patient-health-questionnaire-9#use-cases

**Consider administering this questionnaire to your patient before their consultation (e.g. in the waiting room)**

**MDCalc is available as an application for your smart phone/tablet, download the app here:**

- **App Store - apps.apple.com/us/app/mdcalc-medical-calculators-clinical-scores/id1001640662?ls=1**
- **Google Play - play.google.com/store/apps/details?id=com.mdaware.mdcalc&hl=en**

**References: 1.** National Asthma Council Australia. Australian Asthma Handbook, Version 2.1. National Asthma Council Australia, Melbourne, 2020. Available from: www.asthmahandbook.org.au [Accessed March 2021]. **2.** Kroenke K *et al. J Gen Intern Med* 2001; 16:606–13. **3.** MDCalc. PHQ-9 (Patient Health Questionnaire-9). Available from: www.mdcalc.com/phq-9-patient-health-questionnaire-9#next-steps [Accessed April 2021].

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# Refer

This section contains resources that will help you refer patients with suspected uncontrolled severe asthma to specialist care.

## Resources in this section include:

### Compiling a local specialist list

Suggestions on how to compile or update your specialist list.

### Referral template

Help streamline specialist referral by providing a detailed referral letter. This referral template contains the information a specialist would require in order to provide a proper review and advice to your patient.

# Compiling a local specialist list

- Most electronic medical records have an in-built directory of specialists
  - Add your preferred specialists to your address book in your practice's software. Note their specialty using the coded dropdown box so that the specialist's details will autofill when you write referral letters or care management plans
- Start your list by visiting www.healthdirect.gov.au/australian-health-services, under Services, select Other services > Respiratory and Sleep Medicine. You may also enter your location
- You can also visit www.healthshare.com.au/ to search for health professional, specialty or health topic
- Search for clinics run by hospitals in your Local Health District

## Updating a specialist list

Update your list periodically to ensure your list of specialists are still practicing.

Referral template

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Clinic stamp

# Referral for review for severe asthma

Dear Dr _____.

Please review my patient _____, date of birth ____ / ____ / ____.

I am referring them to you because _____.

_____ and

believe that they will benefit from further review and management by a specialist.

Their asthma was first diagnosed in _____ and has been under my management since _____.

Please see overleaf for their medical history. I would be grateful if you would review their diagnosis and treatment options.

Yours sincerely,

**Signature:**

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## Medical history and current comorbidities

*(include details of diagnosis and management, any pathology abnormalities such as blood eosinophilia or IgE, if available)*

### Asthma symptoms

- ☐ Daytime symptoms >2 days per week
- ☐ Need for SABA reliever >2 days per week*
- ☐ Any limitation of activities
- ☐ Any symptoms during night or on waking

*SABA, not including doses taken prophylactically before exercise.

Other/notes

### History of exacerbations, hospital visits and symptom frequency/severity

Referral template

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## Current medications

**Preventers** *(including ICS/LABA agent names, dosages and duration)*

**ICS/LABA** *Name* _____ *Dosage* _____ */day*

**ICS** *Name* _____ *Dosage* _____ */day*

**LABA** *Name* _____ *Dosage* _____ */day*

Notes *(including duration of ICS/LABA use at the above dosage, changes to preventers or dosages)*

Other asthma medications

**OCS prescriptions/use in the past 12 months**
*(including name, dosage and duration of maintenance and short-course OCS*

**Rescue inhaler**

Name _____ Dosage (number of days per week, number of inhalations per week) _____

☐ Inhaler adherence and technique reviewed

**Other medications (non-asthma related)**

**Allergies and adverse reactions**

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# Appendix

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# Tips to help you and your practice identify uncontrolled asthma

## What is this resource?

These resources have been compiled to include useful and effective tips that will assist you and your practice identify patients with uncontrolled asthma. It includes methods to recall and monitor patients, such as spirometry, and useful resources that you may pass onto your patients.

## When to use this resource?

Read through these tips at any time. Consider downloading the smartphone apps listed in the resource so that you can familiarise and quickly demonstrate how to use them to your patient.

## How to use this resource?

- Read through the list of tips
- Consider whether the tip is appropriate to you in your daily practice
- Plan how the tip could be implemented into your practice
- Nominate a member who will be responsible for implementation

**Choose a handful of tips to begin implementing before moving onto others**

## Who should use this resource?

**GP** ✓ | **Nurse** ✓ | **Practice manager** ✓ | Other

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# Asthma symptom screener

## What is this resource?

This symptom screener, adapted from the Global Initiative for Asthma's *Pocket guide for asthma management and prevention* is a simple test, suitable for people with asthma aged above 5 years, taking no longer than 30 seconds to complete.[1]

The brief questionnaire looks at asthma symptoms, sleep quality, inhaler use and activity limitation to provide a snapshot of how well controlled a patient's asthma has been.

## When to use this resource?

Use this symptom screener:[2]

- when a person presents with uncontrolled asthma symptoms
- at follow-up after an asthma flare-up and 1–3 months after beginning preventive treatment or dose adjustment
- at scheduled review visits
- requests for repeat asthma scripts

**Schedule a routine review at least once a year with your patients with asthma[1]**

## How to use this resource?

Ask patients to complete each question to help assess their level of asthma control. You may also complete the screener during a consultation. The more 'yes' answers correlates with poorer asthma control.[1]

Results should be discussed to ensure that patients are getting the best support and treatment to manage their asthma.[1]

**Email or send an SMS link* of this screener to your patient before their telehealth appointment so you can discuss their results**

*You will need to upload the document onto a website for patients to access.

## Who should use this resource?

- **GP**
- **Nurse**
- **Practice manager ***
- **Other** — Provide this resource to your patient to complete prior to your consultation

* The Practice manager may help to administer the screener to patients. Interpretation of the results should be performed by the GP or Nurse.

## More information

For more assessments, visit www.asthmahandbook.org.au/management/adults/reviewing-asthma

For modifiable risk factors for flare-ups, visit ginasthma.org/wp-content/uploads/2020/04/Main-pocket-guide_2020_04_03-final-wms.pdf

**References: 1.** Global Strategy for Asthma Management and Prevention. Pocket Guide for Asthma Management and Prevention 2020. Available from: ginasthma.org/wp-content/uploads/2020/04/Main-pocket-guide_2020_04_03-final-wms.pdf [Accessed March 2021]. **2.** National Asthma Council Australia. Australian Asthma Handbook, Version 2.1. National Asthma Council Australia, Melbourne, 2020. Available from: www.asthmahandbook.org.au [Accessed March 2021].

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# Recommendations to manage flare-ups

## What is this resource?

The Australian Asthma Handbook describes appropriate management of adults presenting with flare-ups (or exacerbations). It includes recognising flare-ups, advice for patients and adjusting medications. This resource directs you to the Australian Asthma Handbook's recommendations.

## When to use this resource?

Read through these recommendations at any time.

## How to use this resource?

The Australian Asthma Handbook provides best-practice, evidence-based guidance. Implement these recommendations to help your patient minimise and manage their flare-ups.

**Some recommendations will require you to know what medication your patient is taking. To help your patient identify their asthma medication(s), use the Pharmacotherapy selection and medication chart for a visual guide**

## Who should use this resource?

- **GP** ✓
- **Nurse** ✓
- Practice manager
- Other

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# Asthma consultation guide

## What is this resource?

This consultation guide, from Asthma Australia, provides an efficient and succinct consultation model for your scheduled asthma consultations. It also includes a checklist for you to use when reviewing your patient's treatment plan that contains reminders of things to check, e.g. whether your patient's vaccinations are up to date.

## When to use this resource?

Use this guide to help facilitate your scheduled asthma consultations. Document treatment changes, goals and follow-up appointments using the checklist provided in Step 4 of the resource.

## How to use this resource?

Read through this consultation guide and familiarise yourself with the additional resources that this guide calls upon (list below). Consider how you can implement this model to your scheduled asthma consultations.

During scheduled asthma consultations, utilise the checklist within this consultation guide and the additional resources provided in this toolkit. Complete the checklist together with your patient and provide them with a copy to help reinforce and remind your patient of treatment changes, goals and their next follow-up appointment.

**The 'Time-hack': 15-minute asthma visit checklist can still be applied to telehealth consultations. Instead of a physical examination, you may choose to run a list of signs of allergy and eczema and ask your patients whether they have experienced any of them**

**Related resources**

Symptom screener

Risk factors for adverse asthma outcomes

Pharmacotherapy selection and medication chart

Asthma action plans

## Who should use this resource?

| | | | |
|---|---|---|---|
| GP ✓ | Nurse ✓ | Practice manager | Other |

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# Severe asthma checklist

## What is this resource?

A guide to inform the diagnosis and characterisation of severe asthma from the National Asthma Council Australia.[1]

## When to use this resource?

Use this checklist in adults or adolescents with asthma that is not well controlled despite appropriate treatment.

## How to use this resource?

Follow the steps of the checklist to help eliminate the reasons for uncontrolled asthma. Consider specialist referral for patients you identify with possible severe asthma.

**If you suspect your patient may have severe asthma, use the Referral template to provide the correct information a specialist requires to review your patient properly**

## Who should use this resource?

- **GP** ✓
- Nurse
- Practice manager
- Other

**Reference: 1.** National Asthma Council Australia. Severe asthma checklist, 2019. Available from: www.nationalasthma.org.au/living-with-asthma/resources/health-professionals/charts/severe-asthma-checklist [Accessed March 2021].

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# Risk factors for adverse asthma outcomes

## What is this resource?

The Australian Asthma Handbook recommends assessing recent asthma symptom control to predict asthma outcomes (future asthma events or adverse treatment effects).[1] People with risk factors need more frequent asthma review, a carefully tailored written asthma action plan, and close attention to adherence and correct inhaler technique.

This resource directs you to the guidance in the Australian Asthma Handbook to check the appropriateness of a patient's prescribed treatment. It includes recognising risk factors and the clinical actions required to address these.

## When to use this resource?

Read through these recommendations at any time. When conducting comprehensive reviews for patients whose asthma is not controlled by preventer medication, refer to the table *Management of risk factors for adverse asthma outcomes in adults*.[1]

## How to use this resource?

The Australian Asthma Handbook provides best-practice, evidence-based guidance. Implement these recommendations to help you predict and manage your patient's asthma outcomes.

**Book a long appointment, so you have enough time to listen to your patient's experiences, concerns and thoughts about their asthma and their medication**[1]

## Who should use this resource?

- GP ✓
- Nurse ✓
- Practice manager
- Other

**Reference: 1.** National Asthma Council Australia. Australian Asthma Handbook, Version 2.1. National Asthma Council Australia, Melbourne, 2020. Available from: www.asthmahandbook.org.au [Accessed March 2021].

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# Asthma Cycle of Care process map

## What is this resource?

The Asthma Cycle of Care is established as a best practice standard for patient outcomes and management of patients with asthma; it allows general practice to effectively manage and care for these patients.[1] This resource provides information on how to complete the Asthma Cycle of Care and how to claim the Medicare Benefits Schedule (MBS) fees. In addition, an example workflow for an asthma visit has been developed to guide you through the appointments to optimally manage asthma in your patients.

**By billing the correct Asthma Cycle of Care MBS item number(s), you are contributing to GP practice data and improvements in asthma care**

## When to use this resource?

Go through the process at any time. Compare the process with how your patients currently progress through your practice and consider whether any changes are required.

## How to use this resource?

Read through the resource. Identify areas that you may want to implement in your practice; hold a meeting with your practice members and discuss a process that will work for your practice.

**GP** | **Nurse** | **Practice manager** | Other

**You can find the Australian Asthma Handbook's recommended process to diagnosing asthma in adults here https://d30b7srod7pe7m.cloudfront.net/uploads/2020/08/Figure_Steps-in-the-diagnosis-of-asthma-in-adults_web.pdf**

**Patients with moderate-to-severe asthma may benefit from a managed care plan**

**Reference: 1.** Pen CS. Identify patients eligible for an annual asthma cycle of care. Available from: help.pencs.com.au/display/CR/Identify+patients+eligible+for+an+Annual+Asthma+Cycle+of+Care [Accessed April 2021].

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# Asthma action plans

## What is this resource?

The Australian Asthma Handbook recommends that GPs should develop an individualised written asthma action plan for every person with asthma. This plan should be appropriate to the individual's treatment regimen, asthma severity, culture, language, literacy level and ability to self-manage.[1]

This resource directs you to templates of written asthma action plans for adults.

## When to use this resource?

Consider developing a written asthma action plan when discussing asthma management with patients and/or their carers.[2]

## How to use this resource?

1. Select the action plan that is most suited to your patient depending on their prescribed asthma medication and preferred language (if available)
2. Discuss the asthma management plan with your patient, including their goals and complete the fields of the asthma action plan
3. Provide a copy of the completed action plan to your patient and/or carer
4. Review the asthma action plan annually or whenever there are significant changes to the patient's treatment or asthma status by using the Asthma action plan checklist[1]

**Discuss the benefits of having a written asthma action plan with your patient, e.g. fewer attacks, doctor visits, hospitalisations and time off work[2]**

**Once you complete an action plan with your patient, directly email a copy to your patient so they can always have their action plan on hand on their smart phone/device**

## Who should use this resource?

GP ✓ | Nurse | Practice manager | Other

**Patients prescribed Maintenance and Reliever Therapy**

It is appropriate for patients taking formoterol-containing combination inhalers to use their combination inhalers as both a regular preventer and when required (as a reliever).[1] Explain to your patients that when they use their inhaler as a reliever, they help stop the symptoms at that point and build up their protection for later, reducing the likelihood of further health decline and requiring oral steroids as a result.[3]

**References: 1.** National Asthma Council Australia. Australian Asthma Handbook, Version 2.1. National Asthma Council Australia, Melbourne, 2020. Available from: www.asthmahandbook.org.au [Accessed March 2021]. **2.** National Asthma Council Australia. Asthma action plans. Available from: www.nationalasthma.org.au/health-professionals/asthma-action-plans [Accessed March 2021]. **3.** SYMBICORT® TURBUHALER® Approved Product Information.

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# Asthma action plan checklist

## What is this resource?

The Australian Asthma Handbook recommends that an individualised written asthma action plan should be developed for every person with asthma. This plan should be appropriate to the individual's treatment regimen, asthma severity, culture, language, literacy level and ability to self-manage.[1]

Written asthma action plans should be reviewed annually and whenever there are significant changes in the patient's treatment or asthma status.[1] This checklist guides you through factors that you should consider when reviewing your patient's asthma action plan.

## When to use this resource?

This checklist should be used concurrently when reviewing your patient's asthma action plan.

## How to use this resource?

Use this checklist to ensure that you have covered all the factors of your patient's asthma action plan. Ensure that the patient understands and agrees with the updated plan.

**This toolkit contains templates of written asthma action plans**

- Asthma action plan for adults

For other action plans, including those translated in languages other than English, visit: www.nationalasthma.org.au/health-professionals/asthma-action-plans/asthma-action-plan-library and www.nationalasthma.org.au/health-professionals/asthma-action-plans/translated-action-plans

## Who should use this resource?

GP ✓ | Nurse | Practice manager | Other

**Reference: 1.** National Asthma Council Australia. Australian Asthma Handbook, Version 2.1. National Asthma Council Australia, Melbourne, 2020. Available from: www.asthmahandbook.org.au [Accessed March 2021].

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# Pharmacotherapy selection and medication chart

## What is this resource?

Prescribing appropriate medication contributes significantly to helping patients achieve and maintain asthma control. This resource contains:

- Recommendations and algorithm for selecting initial treatment and adjusting treatment in adults from the Australian Asthma Handbook
- Medication chart patient aid from National Asthma Council Australia

## When to use this resource?

- Read through the recommendations at any time
- Have the medication chart at hand to help your patients who may be unsure of their current treatment to identify their medication
- Refer to the *selecting and adjusting medication for adults and adolescents* figure to help decide on appropriate therapy

## How to use this resource?

The National Asthma Council's *Australian Asthma Handbook* provides best-practice, evidence-based guidance. Implement these recommendations to help optimise treatment for your patient.

## Who should use this resource?

| | | | |
|---|---|---|---|
| **GP** ✓ | **Nurse** ✓ | Practice manager | Other |

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# Oral corticosteroid exposure reminder

## What is this resource?

Oral corticosteroid (OCS) treatment is used to manage exacerbations and prevent serious outcomes.[1] It may be prescribed for patients with (any of):[1]

- Acute asthma symptoms that recur within 3 hours of taking a rapid-onset beta-2 agonist reliever
- Increasing difficulty breathing over one or more days
- Night-time asthma symptoms that interfere with sleep over more than one night in a row
- Peak flow below a pre-defined level (for those monitoring peak flow each day; level determined based on individual's personal best and history of peak flow levels before and during flare-ups)

However, as a patient accumulates more OCS over their lifetime, their risk of consequences increases.[2] This resource highlights how your patient's risk of OCS-related adverse events increases with their exposure to OCS treatment.

## When to use this resource?

Read through this resource at any time.

## How to use this resource?

Click on the different doses of OCS (prednisolone equivalents) and observe the increase in risk on selected adverse events (pneumonia, depression/anxiety, osteoporosis with fracture, cerebrovascular event and type 2 diabetes).

**When prescribing OCS, consider whether the beneficial effects outweigh the potential consequences**

GP | Nurse | Practice manager | Other

**References: 1.** National Asthma Council Australia. Australian Asthma Handbook, Version 2.1. National Asthma Council Australia, Melbourne, 2020. Available from: www.asthmahandbook.org.au [Accessed March 2021]. **2.** Price DB *et al. J Asthma Allergy* 2018; 11:193–204.

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# Patient questionnaire

## What is this resource?

This guide has been designed to help you have more open discussions with your patients about their experiences related to asthma. The topics and list of questions are not exhaustive but provides you with ideas on the types of questions you might ask patients to encourage them to answer honestly and openly and give them a sense of empowerment.

**Use non-judgmental, empathic questions/manner when assessing patients**[1]

## When to use this resource?

This resource contains suggested questions for medication adherence, patient experience and mental health. Cover these topics during a review appointment with your patient, at least annually.

## How to use this resource?

The questions in this resource are examples to help you word your questions when speaking with a patient. Reflect and think of questions relatable to your patients, drawing from their hobbies, lifestyle or family life. For example, you may ask how asthma impacts their physical activity, which might be framed differently for a grandparent, or an adult sportsperson.

The patient experience and mental health questions could be administered before a patient attends their review appointment by a nurse.

## Who should use this resource?

- **GP** ✓
- **Nurse** ✓
- Practice manager
- Other

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# Compiling a local specialist list

## What is this resource?

Having a list of local specialists on hand for you to refer your patients may save you time. This resource provides you with the basics of how to compile your list of respiratory specialists. It also contains some pointers on how to keep this list up to date.

## When to use this resource?

Use this resource to help compile or update your local list of specialists. When you have decided to refer your patient to specialist care, use your specialist list to find the person most suited to your patient.

**Consider the needs of your patient. Would they benefit from a specialist that speaks their preferred language or a specialist that bulk bills?**

## How to use this resource?

Follow the directions provided in this resource to create your list of respiratory specialists.

**You may extend your specialist list to include other specialities too**

**Find out whether the specialist conducts telehealth appointments**

## Who should use this resource?

- GP ✓
- Nurse ✓
- Practice manager ✓
- Other

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# Referral template

## What is this resource?

Patients with possible severe asthma may require specific management strategies, such as monoclonal antibody therapy.[1] Specialists can support primary care by providing advice to individuals with indeterminate diagnosis, streamlining investigation and management of unrecognised risk factors and complex comorbidities. Primary care practitioners can help streamline specialist referral by providing a detailed referral letter.[2] This referral template contains the information a specialist would require to provide a proper review and advice to your patient.

## When to use this resource?

Complete this referral template once you have carried out all necessary investigations and have:[3]

- confirmed and checked the diagnosis, adherence, inhaler technique and overuse of short-acting beta-2 agonists
- assessed comorbidities and triggers

**For an extensive checklist to help identify patients with severe asthma, use the Severe asthma checklist**

## How to use this resource?

Complete the template with your patient's information. Ensure you have all sections completed before referring to specialist care.

**Ensure that your respiratory specialist database is up to date**

**If your patient has spirometry results, attach these to the referral letter**

## Who should use this resource?

| | | | |
|---|---|---|---|
| **GP** ✓ | **Nurse** ✓ | Practice manager | Other |

**Asthma Foundation asthma service**

This free telephone service is designed to supplement your asthma management for patients and their carers. Refer your patients so they may receive up-to-date, evidence-based information from trained health professionals. For more information or to obtain a referral template, visit the Asthma Foundation website at: asthma.org.au/health-professionals/refer/