

Appendix 1

COMMUNITY PHARMACY	ASTHMA REVIEW
Patient CHI GP Name & Address:	Reviewing Pharmacist / Technician: Address of Pharmacy

Patient consent for information to be shared with prescribing team & GP

Patient Signature:..... Date:.....

PRE REVIEW INFORMATION		Additional Comments / Details
How often are inhalers dispensed?	Over ordering <input type="checkbox"/> About right <input type="checkbox"/> Under ordering <input type="checkbox"/>	
REVIEW		
Date of Last Review by GP/Practice Nurse		If < 12 months then not suitable for inclusion in the LES
Can the patient use their inhaler(s) correctly?	Yes <input type="checkbox"/> No <input type="checkbox"/> (if no please detail)	Provide advice on correct inhaler technique, use of spacer. (Provide spacer if appropriate)
How often does the patient use the inhaler(s) each day?	- Inhaled steroid preventer/ combination inhaler: - Reliever inhaler:	
<u>For the last 3 months:</u> Does the patient experience difficulty sleeping? Day time symptoms? (cough, wheeze, breathlessness, chest tightness) Interference with usual activities? (housework, education, work) Symptoms stable?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes (1-2 x per month) <input type="checkbox"/> Yes (1-2x per week) <input type="checkbox"/> Daily <input type="checkbox"/> Never <input type="checkbox"/> Yes (1-2 x per month) <input type="checkbox"/> Yes (1-2x per week) <input type="checkbox"/> Daily <input type="checkbox"/> Never <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does the patient experience any Side Effects?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
On High Dose Inhaled Steroid (See Appendix 1B): (Important: any inhaler where the daily dose is greater than 800mcg of traditional beclometasone (BDP) equivalent in adults is a high dose inhaled corticosteroid) Steroid Card issued (if > 800mcg BDP daily)?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
GENERAL ADVICE		
Smoking status: Smoker <input type="checkbox"/> Non-smoker <input type="checkbox"/> Ex-smoker <input type="checkbox"/>	Interested in stopping: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	NRT Advice given: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
OTC medication to avoid discussed	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Outcome of Review

No further action required Referred to GP/Practice Nurse (Use Appendix 1D)

Follow Up by Community Pharmacist (via CMS)

Care issue	Desired Outcome	Action
Pre Review Ordering Pattern (looking at repeats)	Patient takes/uses medication as instructed.	Identify potential compliance issues prior to review.
Date of Last GP Review	Patient should attend practice for annual review	If been seen in previous 12 months no further action required unless over or under ordering has been identified. If so refer using Appendix 1D. (Option 3) If not then undertake review.
Review of inhaler technique	Patient able to use device effectively and gains maximum benefit from medication	Demonstrate correct use of device using placebo, patient demonstrates using their medication. Observe patient technique and advise accordingly. If patient still unable to use device then refer using Appendix 1D. (Option 4)
Incorrect use of spacer device and maintenance (if applicable)	Patient uses spacer correctly and cleans it as recommended	Demonstrate correct use of spacer device and reinforce cleaning recommendation. Patient demonstrates correct use. If new spacer required – provide and either 1. ask for script from Surgery or 2. claim cost from CPDT (Appendix 4)
Compliance (patients condition, confusion about meds, exacerbating, high use of B2 inhalers, patient admits doesn't take, lack of understanding)	Compliance with medication improved.	Discussion with patient to identify issues in following treatment plan. Advise on how different therapies work and the need for compliance with medications above step 1. When to take How to take Missed dose- what to do
Symptom Control	Patient's being asymptomatic	If symptomatic but non-compliant – reinforce treatment. If asymptomatic and on high dose ICS (Appendix 1B & 1C) refer using Appendix 1D (Option 1) If symptomatic but compliant – refer using Appendix 1 (Option 2)
Patient experiences symptoms whilst exercising but wishes to exercise	Patient able to exercise with minimal symptoms, uses SABA pre-exercise	Education re medication and what to do. If compliant but sub-therapeutic treatment recommend see practice / asthma nurse for a review. Patient to make appointment at surgery
Side effects e.g. fungal infection in mouth, hoarse throat, mouth ulcers small risk of glaucoma with prolonged high dose ICS	Patient free of oral side effects from ICS	Reinforce recommendation to always brush teeth and/or rinse mouth thoroughly after using an ICS and explain why, use of spacer device etc.

Care issue	Desired Outcome	Action
Long-term high dose steroid use (Appendix 1B & 1C)	Patient has a steroid warning card and if appropriate is on medication to prevent osteoporosis i.e. bone protection	Ensure patient has a steroid warning card. If on medication for osteoporosis ensure patient understands why and complies. Discuss steroid dose and bone protection.
Patient smokes	Smoking stopped	Reinforce how smoking affects the chest and asthma. Brief interventions to motivate patient to reduce or stop smoking. Offer smoking cessation service in pharmacy.
Patient inactive and/or overweight.	Patient increases exercise and looks at diet to reduce weight.	Education re asthma exercise. Education re weight and lung function. Recommend exercise options Dietary advice.
Unaware that some OTC medicines should be avoided in asthmatic patients	Patient doesn't take medication that may make asthma worse.	Discuss OTC medication which may not be appropriate for some asthmatics e.g. NSAIDs
No flu immunisation (on inhaled steroids)	Patient gets annual flu immunisation	Promote recommendation