

Asthma Care Plan: Guidance for CMS

Care issue	Desired Outcome	Action	Action by (Pharmacist, G.P., Patient)	Response
Diagnosis unclear (patient or Pharmacist unsure of diagnosis)	Diagnosis confirmed and patient understands diagnosis. Patient's condition managed according to guidelines	Discuss diagnosis of asthma with patient Contact practice with consent if needed to confirm diagnosis.	Community pharmacy (CP) and patient	Asthma diagnosis confirmed. Patient understands nature of asthma diagnosis
Asthma control poor (experiencing symptoms, asthma attacks, symptoms when exercising, high SABA use)	Asthma is well controlled (no daytime or night time symptoms and asthma not affecting ability to complete tasks/ exercise). No asthma attacks. Low risk of future asthma attack.	Discuss asthma control using RCP 3 questions or Asthma Control Test. Discuss peak flow monitoring. Check amount of salbutamol inhalers ordered and establish how often taken (use of salbutamol should be low in well controlled asthmatic patients). If asthma poorly controlled check inhaler technique and compliance with treatments.	CP and patient GP practice	Patient has a better understanding of their condition, meds, and trigger factors and complies and uses device correctly so becomes symptom free. OR Patient makes appointment at GP practice for a review and has medication/condition reviewed and altered accordingly (as patient does comply, use devices correctly, avoids triggers but still experiencing symptoms).
At risk of future asthma attacks	Risk of future asthma attack is low	Assess risk of future asthma attack (see SIGN/BTS guidelines and asthma UK website). Patient has a higher risk of future attack if they have previously had an asthma attack, current control is poor or they have high use of SABA (requirement for SABA in asthmatic patients should be minimal)	CP and patient	If higher risk of future asthma attack patient will attend practice for at least annual review, if control currently poor patient will attend practice for review
Non attendance at asthma clinic – not invited or declined.	Patient has asthma review at surgery once/yr.	Reinforce importance and value of annual review as medication may need altered as condition changes. Opportunity to discuss asthma and what matters to patient.	CP/ Patient Practice / Asthma nurse	Patient agrees to a review at surgery. Patient contacts practice for a review.

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<p>Patient does not have an asthma action plan</p>	<p>Patient has an asthma action plan agreed with them at annual review at the GP practice</p>	<p>Check if patient has a written asthma action plan and understands action to take if asthma control changes or if they experience an asthma attack. NHSGGC asthma self management plan available at: www.ggcprescribing.org.uk/prescribing-resources/</p>	<p>CP and patient</p>	<p>Provided with an asthma action plan and agreed with patient or referred to GP practice for asthma review</p>
<p>Review of inhalers and spacer technique</p>	<p>Patient able to use devices (including spacers) effectively and gains maximum benefit from medication. Patient uses spacer correctly and cleans it as recommended.</p>	<p>Check inhaler technique by asking patient to use inhalers/ spacer. Videos available on www.mylungsmylife.org Demonstrate with placebo inhalers if required (if available). If on MDI inhaler and unable to use well consider addition of spacer and explain how to use (contact practice to arrange).</p>	<p>CP and patient</p>	<p>Patient demonstrates correct use of inhalers, if unable to use with guidance refer to GP practice. Patient demonstrates correct use of spacer and can explain how to maintain it and when to have it replaced. (Recommendation is to renew device every 6 months).</p>
<p>Compliance with treatments</p>	<p>Patient takes preventer medicines regularly, understands the benefits and roles of different treatments for asthma.</p>	<p>Check ordering history. Ask patient "how often do you forget to take your inhalers". Explore health beliefs/ reasons for not taking if needed. Explain the roles of different treatments and need to take preventers regularly. Link with future risk of asthma attacks and symptom control.</p>	<p>CP and patient</p>	<p>Patient has a better understanding of how and why to take/use medications for asthma. Patient able to explain what the different meds do and how to take preventer/reliever. Patient understands the benefits of regular steroid use in asthma and risks of not taking it regularly.</p>

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Side effects: Fungal infection in mouth. Hoarse throat. Mouth ulcers.	Patient free of oral side effects from inhaled corticosteroid (ICS).	Reinforce recommendation to always brush teeth and/or rinse mouth thoroughly after using an ICS and explain why if needed. Use of spacer device to reduce side-effects of MDI if needed.	Pharmacist	If issues with side-effects and using spacer/ complying with mouth hygiene refer to GP practice Can treat oral thrush through Pharmacy First
Long-term high dose steroid use (High-dose inhaled steroid or inhaled steroids with oral steroid courses or steroid nasal sprays or steroid eye drops).	Patient has a steroid warning card if taking high dose inhaled steroids.	Ensure patient has a steroid warning card if needed (see SIGN/BTS guidelines for table of doses of inhalers)	CP	Patient provided with a steroid warning card and understands its importance. Patient understands the risks of high dose steroids and attends practice for regular review with a view to having dose reviewed.
Patient smokes.	Smoking stopped	Reinforce how smoking affects the chest and asthma. Smoking stops inhalers working as effectively. Brief interventions to motivate patient to reduce or stop smoking. Offer smoking cessation service in pharmacy or Quit my way services	Pharmacist Patient	Patient offered help to stop smoking.
No flu immunisation (on inhaled steroids.)	Patient gets annual flu immunisation.	Promote advice.	Pharmacist Patient	Patient agrees to get the annual flu vaccination.
Patient unaware that some 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.	Pharmacist	Patient agrees to avoid medication that can make asthma worse OTC.

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Changes made to asthma management	Ensure patient understands and retains information agreed with them	Use teach back to check understanding http://www.healthliteracyplace.org.uk/tools-and-techniques/techniques/teach-back	Pharmacist	Patient understands outcome of discussion with pharmacist
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