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| **Areas to cover** | **Done** |
| 1. What treatment are they on currently? |  |
| 2. How do they feel they are at present? |  |
| 3. How much reliever inhaler are they using? |  |
| 4. What triggered their exacerbation? |  |
| 5. Have they been given a written asthma plan with advice? |  |
| 6. Can they demonstrate good inhaler technique? |  |
| 7. How many emergency presentations have they had? |  |
| 8. Do they need referral to secondary care? Or do they have follow up already booked? |  |
| 9. Is the background control optimal or does the management need to be changed? |  |

 

**48 hour Review guide**