

**Undertaking an Asthma Review**

Doing a thorough asthma review takes **at least 20 minutes** and should be a combination of **clinical assessment and patient education**. The child’s asthma plan should be reviewed and inhaler technique should be checked. Below is a list of what should be included and is captured in the template provided

1. **Is this asthma?**

It is important to review whether the diagnosis of asthma is still accurate, ask about the symptoms of asthma. Are they better once they have had the reliever? Do a PEFR pre and post salbutamol if the child is able.

1. **Is it controlled?**

* Look at the Asthma Control Test score (see examples in toolkit)
* Are they missing much time off school?
* Are they frequently using their reliever inhaler?
* Do they have exacerbating factors (associated allergies, smoking)?
* What are their triggers (allergies, URTI, exercise, extreme emotion, weather)?
* How many courses of oral steroids have they had?
* Have they had many presentations to A&E or admissions or need for emergency inhaler prescriptions?
* What is their adherence like (what is the prescription uptake? This is particularly important in adolescent patients)?

1. **Do I need to change management?**

* Review their inhaler technique
* Review asthma plan
* Do they need to be changed to a powdered inhaler or an easibreathe if they are a teenager and unlikely to use their spacer?
* Do they need an increase in inhaled costicosteroids? Would they benefit from a combination inhaler and not just beclamethasone?
* Do I need to refer them?

**Why?**

The **NICE quality standard 5** and [London asthma standard](https://www.myhealth.london.nhs.uk/system/files/London%20asthma%20standards.pdf)s number 23 and 28 states that children and young people (CYP) with asthma should have regular reviews. This is based on the finding of the National Review of Asthma Deaths. Asthma unlike many other long-term conditions will change and patients will need review of their treatment to step up or step down treatment. This is pertinent for corticosteroids as long term high dose inhaled steroids can have systemic effects (add in link to synacthen guideline). The review is also an opportunity to assess inhaler technique and understanding of the different inhalers that the child or young person maybe on.

**Who should be doing the reviews?**

An asthma review can be done by anyone within primary care who feels competent to do so. This can be the asthma lead, other general practitioner, primary care nurse, advanced nurse practitioner or general practice specialist trainee.