

Name _____ MRN: _____ DOB _____
Or use label

YOUNG PERSON ASTHMA TRANSITION ICP

To be completed by referring paediatric doctor & nurse prior to transition appointment

Date:
Asthma CNS:
Paediatric Consultant:

The process of transition should begin around the time the young person is 14 years old

PRE TRANSITION	Tick √	Date	Comments
Transition discussed with young person			
Transition discussed with carer			
Knowledge			
Describes conditions and effects			
Understands medication purpose and effects			
Self Advocacy			
Offered part / whole clinic time alone			
Knows how to make / change appointments			
Understands importance of self care including adherence			
Knows how to order repeat prescriptions			
Health and Lifestyle			
Smoking advice given			
Lifestyle advice including diet and exercise			
Adolescent Clinic			
Date first seen in adolescent clinic			
Date of planned transition			
Discussed in transition MDT			

Transition options discussed	Tick √	Date	Most likely transition destination
Adult RBH team			
Local adult respiratory team (state which)			
GP			

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CLINICAL SUMMARY

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Asthma diagnosis: objective tests	Other medical problems and Current Medications

Difficult Asthma Protocol	Tick √	Date	Other medical problems and Current Medications	Tick √	Date
Stage 1 assessment			Stage 2 / 3 assessment date		
Stage 1 assessment summary on EPR			Stage 2/3 summary on EPR		
If not on EPR brief summary of findings			If not on EPR brief summary of findings		

Assessments	Tick √	Date	Brief details (if included in DA summary please indicate this below)
Psychology referral			
Physiotherapy referral			
Skin prick tests			
Specific IgEs			
Blood eosinophils			
Total IgE			
Bronchoscopy			
pH study			
HRCT chest			
DEXA scan			
AHR testing (histamine / methacholine / exercise)			

Adherence check	Tick √	Date	Details
Prescription check			
Prednisolone level			
Smart inhaler			
Comments			

Adrenal function	Tick √	Date
Short Synacthen Test		
Short Synacthen Test (circle)		Normal Impaired Flat
Maintenance hydrocortisone		
Hydrocortisone when unwell		

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2 week admission (see discharge summary for full details)	
Date	
Reason for admission	
Summary of findings	

Treatment trials	Tick √	Date started	Outcome
Omalizumab			
Methotrexate			
Cyclosporin			
Azathioprine			
S/C terbutaline			
Other			

Social situation	
School / college / work	
Living with parents	
Major life events	
Career plans	

Other information

All about me (to be completed by the young person) Please introduce yourself to the adult team

Final outcome (to be discussed with young person / parent / RBH adult asthma team)

Final transition to:	Tick √	Date
Adult RBH team		
Local adult respiratory team (state which)		
GP		

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OMALIZUMAB PATIENTS
This section only needs to be completed for patients currently prescribed omalizumab

See checklist for the initiation of omalizumab for full details			
Date started		Xolair holiday tried	
Dose		Discussed at Adult MDT	
Date of last 16 week assessment		Date of next injection	
Problems with Xolair		IPF applied for (see checklist for details)	

ASSESSMENTS

	Initial 16 week assessment					Last 16 week assessment			
	Baseline	4 weeks	8 weeks	12 weeks	16 weeks	4 weeks	8 weeks	12 weeks	16 weeks
Date									
Physiology and inflammometry									
FEV ₁ (pre BD) %									
BDR									
FE _{NO}									
Sputum eosinophils, %									
Sputum neutrophils, %									
Asthma Control									
Courses systemic corticosteroids in past 4 weeks									
Courses OCS in past 16 weeks		Not applicable					Not applicable		
Hospital admissions in past 4 weeks									
Hospital admissions in past 16 weeks		Not applicable					Not applicable		
ACT									
Quality of Life									
Mini PAQLQ (total score)									
Changes to medication									
Comments									

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ASTHMA TRANSITION ICP: ADULT CLINIC

Date:
Asthma CNS:
Consultant:

Spirometry: FEV1: _____ FVC: _____ (Best: /)	
Refer for formal PFT: Y/N	
PEFR: _____ (Best:)	Weight: _____
O2 Sats: _____	ACQ: _____

TRANSITION	Tick √	Date	Comments
Transition discussed with young person			
Transition discussed with carer (if applicable)			
Knowledge			
Describes conditions and effects			
Understands medication purpose and effects			
Self Advocacy			
Encouraged clinic time alone			
Knows how to make / change appointments			
Understands importance of self care including adherence			
Has a current self-management plan			
Knows how to order repeat prescriptions			

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Health and Lifestyle			
Smoking advice given			
Lifestyle advice including diet and exercise			
Housing discussion			
Employment discussion			
Adult Clinic			
Understands the role of the adult team			
Has contact details for CNS team			
Understands when to seek urgent medical attention via local hospital			

CLINICAL SUMMARY

Diagnosis	Current Medications

Adherence check	Tick √	Date of most recent	Details
Prescription check			
Inhaler technique check			
Prednisolone/Theoph level if appropriate			
Comments			

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Transition outcome	Tick <input type="checkbox"/>	Date	Comments
Proceed to adult DAP			
Continued RBH out-patient appointments			
Local adult respiratory team			
Refer back to GP			