Asthma Focused Follow-Up Visit For Defining Difficult To Control Asthma With SDM For Biologic Therapy

Patient Section

Communicate that a choice exists and invite your patient to be involved in decisions.

The following should be completed by the primary care physician, primary care nurse or MA. These questions are intended to serve as a guide during your conversation with your patient. Upon completion, this form should be filed in the patient's medical record. This form should NOT be completed by the patient.

Patient Name:_____ Date: _____Age: _____ ACT test score: _____

Why are you here today?

Current Asthma Symptoms	Current Other Symptoms	
❑ Cough	❑ Rash	❑ Muscle pain
❑ Wheeze	❑ Congestion	❑ Painful urination
❑ Chest tightness	❑ Sore throat	❑ Fatigue
❑ Short of breath	❑ Ear pain	❑ Depression
❑ Difficulty exercising	❑ Heartburn	❑ Headache
❑ Difficulty breathing at night	❑ Diarrhea	❑ Other: _____
❑ Other: _____	❑ Constipation	

Known allergies:

Allergy testing:

Who tested: _____ Date: _____ Result: _____

Do you see a pulmonologist? Y N Doctor name: _____ Date last seen: _____

Do you see an allergist? Y N Doctor name: _____ Date last seen: _____

Asthma Medicine Treatment Plan (Check Medications):				Allergy Medicines (Check Medications):		
Quick-relief medicine	long-acting medicine:		Other asthma medications:	Pills:	Nasal sprays:	Eye drops:
❑ Albuterol ❑ Proventil ❑ Pro-Air ❑ PRO-AIR Respi-click ❑ Ventolin ❑ Xopenex ❑ Other: _____	❑ Advair ❑ Duelera ❑ ❑ ❑	❑ Prednisone ❑ Pulmicort ❑ Qvar ❑ Singulair ❑ Symbicort ❑ Xolair ❑ Zyflo ❑ Other	❑ Atrovent ❑ Serevent ❑ Spiriva ❑ Theophyl-line	❑ Allegra ❑ Claritin ❑ Xyzal ❑ Zyrtec ❑ Other: _____	❑ Flonase ❑ Nasonex ❑ Rhinocort ❑ Veramyst ❑ Zetona ❑ Qnasal ❑ Other:	❑ Naphcon ❑ Bepreve ❑ Opcon ❑ Opticrom ❑ Pataday ❑ Patanol ❑ Vasocon ❑ Other: _____

Other medications: _____ New medications since last visit: _____

Do you use a spacer device with your inhaler(s)? Y N

If you use more than one inhaler at a time, which do you use first and why?

Do you use a nebulizer? Y N Date medication cup & tubing changed: _____

Do you use a peak flow meter? Y N What is your "personal best?" _____

What Triggers Worsen Your Asthma (check box) **And Do You Have Ongoing Exposure To The Trigger** (Circle Y/N)					
❑ Drugs	Y N	❑ Exercise	Y N	❑ Respiratory infection	Y N
❑ Dust	Y N	❑ Foods: _____	Y N	❑ Tobacco smoke	Y N
❑ Emotion/stress/laughter	Y N	❑ Heartburn (GERD)	Y N	❑ Weather changes	Y N
❑ Environmental allergens	Y N	❑ Occupational irritants	Y N	❑ Stress/emotional	Y N
❑ Environmental irritants	Y N	❑ Pets: _____	Y N	❑ Others: _____	Y N

Current tobacco smoke exposure (please circle): Self Parents Spouse Other None

Asthma Visits In The Past 12 Months	During This Office Visit Would You Like To Discuss Any Of The Following:	
Bursts of Oral Steroids _____ Scheduled office visits: _____ Unscheduled office visits: _____ Emergency room: _____ Hospital: _____ TOTAL: _____ Date of last ER visit: _____ Date of last hospitalization/ICU: _____	❑ Asthma goals ❑ Different treatment options ❑ Different types of medicines ❑ Side effects of medicines ❑ Cost of medicines ❑ Inhaler technique ❑ Smoking cessation	❑ Asthma action plan ❑ Depression ❑ Environmental controls for asthma ❑ Use of a spacer ❑ Use of a peak flow meter ❑ Other: _____

Primary Care Provider Section

This section is for the primary care provider to complete based on discussion with the patient. Each step is intended to serve as a guide to help improve the ongoing assessment and management of the patient's asthma.

Patient Name:_____ Date: _____ Age: _____ ACT test score: _____

Comorbid Disorders/Pmhx				
❑ Conjunctivitis ❑ Diabetes ❑ Eczema ❑ Food allergy	❑ GERD ❑ Obestiy ❑ Oral allergy syndrome ❑ Otitis	❑ Pregnancy ❑ Depression ❑ Rashes ❑ Rhinitis	❑ Secondhand smoke ❑ Sinusitis ❑ Sleep apnea ❑ Tobacco abuse	❑ Urticaria ❑ Other: _____

Current or previous allergen immunotherapy: _____ Dates: _____

Exam	
Height: Weight: Temp: BP: HR: RR:	HEENT: Resp: PF: CV: Skin:
Pulse Ox: Fev1/FVC ratio: Response BD FeNO: EOS: . PF:	

Assessment:

Controlled? Yes Partially No

Class (determined at initial asthma visit): Intermittent Mild persistent Moderate persistent Severe persistent

Asthma Medications To Be Prescribed	
Bronchodilator as needed: _____ Bronchodilator daily (short/long acting): _____ Leukotriene inhibitor: _____ Inhaled steroid for exacerbations: _____ Inhaled steroid daily: _____ Oral steroid: _____	Long-acting beta-agonist: _____ Inhaled nasal steroid: _____ Antihistamine: _____ Other: _____ Other: _____

Risk Factors For Adverse Outcomes		Patient Education	
❑ Uncontrolled asthma ❑ Severe asthma ❑ Hospitalization in past two years ❑ ER visit in past year	❑ Non-adherence ❑ Positive depression screen ❑ Intubation within past 10 years ❑ None	❑ Asthma action plan ❑ Asthma goals ❑ Device training (PFM/ Neb/spacer) ❑ Inhaler technique	❑ Medications ❑ Smoking cessation ❑ Trigger control ❑ Other: _____ **Minutes spent in education:**

Reasons for Non-adherence:

Has there been Shared Decision Making	Y	N	Cost	Y	N
Doesn't seem to help	Y	N	Taste	Y	N
Really don't think it is needed	Y	N	Side effects	Y	N
Worried about SAE	Y	N			

Plan:

❑ Updated asthma action plan
❑ SHARED DECISION MAKING
❑ Teach Back Inhaler technique

Follow-up:

Asthma Control	Asthma Control Definition	Suggested Next Visit
Well controlled	ACT score ≥ 20, no hospitalizations, ER/UC visits, uncontrolled comorbidities; > 50% adherence to controller medication	6 months
Difficult to Control	ACT score ≤ 19, or > 1 unscheduled asthma related care in past year, or adherence to controller < 50%	1-2 months
Asthma difficult to control on two successful visits → consider specialty referral		
Risk factors for adverse outcome and difficult to control asthma → strongly consider specialty referral		

Patient is at an Increased Risk for Asthma

Female (post-puberty)	Obesity	Family history of asthma	Allergic Sensitivity (esp. CR, HDM)
Allergic manifestations (Rhinitis, AD)	African-American Hispanic / Latino Native American	IgE level	Urban
ETS	Low Vit. D	Early exposure to Acetaminophen	Maternal anxiety (in utero-early childhood)
Genes			

Patient has an Increased Risk or Association with Severe Asthma

Female	Late onset	Long duration of asthma	Allergy (highly sensitized, high IgE, AD child)
Obesity	Black	ETS	Sinopulmonary infections
Decreased Vit. D	Persistant elevation of eNO	Decreased SOD	Non Th2/Th1 phenotype
Innate immune activation	Eosinophilic plus neutrophilic inflammation	Increased lamina reticularis	Increased smooth muscle mass
Air trapping — Atopy — Neutophilic inflammation — Duration of disease	Hx of pneumonia	Genes	

Patient at Increased Risk for Exacerbations

Severity (esp FEV1)	Lack of Control	Recent exacerbation (esp Severe)	Allergy (Alt)
Non-Adherence	Depression	ETS	Elevated FeNO.2-3X normal
Eosinophil count >300			