

# A Provider's Asthma Pre-Consultation Checklist



## Things to Consider

- ✓ Confirm you have correct diagnosis.
- ✓ Check if any test results or out-of-hours services (ED, hospitalization) were used. Look for discharge summaries from ED.
- ✓ Check what medications the patient is taking (ICS/ Beta-2/oral corticosteroids, no corticosteroids)
- ✓ Review comorbidities, tobacco dependence, obesity and depression. What treatment are they receiving for these conditions?
- ✓ Check whether a personalized written Asthma Action Plan has been developed, and is it current?
- ✓ Ask open-ended questions and provide an environment for the patient to freely discuss how they feel and any concerns they have.
- ✓ Review the patient's journal of symptoms and exacerbations. If they don't have one, encourage them to keep one.
- ✓ Ask the patient what their priorities are for the consultation and ensure these are addressed early in the visit.

## Assess Asthma Status

- ✓ How has the patient been feeling since the last visit? What has been the impact of their disease on their social life? Have there been absences from work or school.
- ✓ Has the patient been experiencing any asthma symptoms (e.g. wheezing, coughing, shortness of breath, tightness in the chest)?
- ✓ Has the patient had any exacerbations that needed corticosteroids/antibiotics since the last consultation? Number of courses of oral corticosteroids?
- ✓ Has the patient noticed any triggers that make their asthma symptoms worse? {Suggest giving examples to the patient}.
- ✓ Do you have any doubts or concerns about medications (e.g., side effects, dependence)?
- ✓ How many times per day does the patient use their quick-relief inhaler and how many doses are needed?

## Adjust Management

- ✓ If control is poor, reassess diagnosis, check inhaler technique, address adherence, consider triggers, check smoking status and lifestyle factors, and then consider stepping up the treatment.
- ✓ If control is good, consider stepping down as appropriate. Always use shared decision making in stepping up or down in therapy!
- ✓ If you have a FeNO monitor, see if the patient would like to know what their FeNO level is and their eosinophil count. This might help them understand the clinical signs that you look for when assessing whether their asthma is controlled. "They should know their number."

## Support Self-Management

- ✓ If control is poor, reassess diagnosis, check inhaler technique, address adherence, consider triggers, check smoking status and lifestyle factors, and then consider stepping up the treatment.
- ✓ If control is good, consider stepping down as appropriate. Always use shared decision making in stepping up or down in therapy!
- ✓ If you have a FeNO monitor, see if the patient would like to know what their FeNO level is and their eosinophil count. This might help them understand the clinical signs that you look for when assessing whether their asthma is controlled. "They should know their number."

## After the Consultation/Visit

- ✓ Update records that reflect the most recent discussions with the patient who has asthma – this will help the management process. After the consultation, the following actions are key:
  - Ensure all records and written personalized Asthma Action Plans are up-to-date.
  - Provide patient with written instructions for home that are understandable.
  - Arrange for information or reminders on what was discussed at the visit or consultation.
  - Arrange regular follow-ups. (This can be in the form of face-to-face meetings or, if asthma is well controlled, via telephone or online pharmacy review.)
  - Make sure transportation issues have been discussed.
  - Financial payment issues need to be discussed, along with whether the patient can pay for their medication.