

# Optimising Asthma Control Audit

## Individual Patient Data

Produced by Dr Mark L Levy for use with online Medical Audit at [www.guideline.audit.com](http://www.guideline.audit.com)

**INSTRUCTIONS:** please enter the data for each patient identified on the summary sheet. Individual patient data can be entered onto this sheet first and then transferred online onto the guideline website using the practice logon details at [www.guideline-audit.com](http://www.guideline-audit.com)

Section A. Patient consultation details	Section B. History
<b>1. Practice code (Provided when you registered for the audit)</b> _____	<b>1. Year asthma diagnosed</b> _____
<b>2. Date of consultation</b> _____	<b>2. Current medication</b>
<b>3. Health professional consulted by patient</b> <input type="checkbox"/> Doctor <input type="checkbox"/> Sessional doctor <input type="checkbox"/> Nurse <input type="checkbox"/> Nurse Practitioner	a. Reliever inhaler <input type="checkbox"/> Not recorded <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4. Place of consultation</b> <input type="checkbox"/> GP Surgery <input type="checkbox"/> Urgent Care Centre <input type="checkbox"/> Home visit <input type="checkbox"/> Telephone consultation	b. Inhaled steroid preventer inhaler <input type="checkbox"/> Not recorded <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5. Confidential patient identifier</b> _____	c. Has the patient been prescribed a Combination reliever/Inhaled Steroid <input type="checkbox"/> Not recorded <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6. Year of birth</b> _____	d. If yes to 2c, is this a SABA/ITS combination? (SABA = short acting beta-agonist bronchodilator) <input type="checkbox"/> Not recorded <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>7. Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	e. <b>Or</b> is this a LABA/ITS combination? (LABA = Long acting beta-agonist bronchodilator) <input type="checkbox"/> Not recorded <input type="checkbox"/> Yes <input type="checkbox"/> No
	f. LTRA (LTRA = Leukotriene Receptor Antagonist) <input type="checkbox"/> Not recorded <input type="checkbox"/> Yes <input type="checkbox"/> No
	g. Theophylline <input type="checkbox"/> Not recorded <input type="checkbox"/> Yes <input type="checkbox"/> No
	h. Regular oral steroids <input type="checkbox"/> Not recorded <input type="checkbox"/> Yes <input type="checkbox"/> No
	i. Does your patient have hay fever or allergic rhinitis (seasonal or perennial)? <input type="checkbox"/> Not recorded <input type="checkbox"/> Yes <input type="checkbox"/> No
	j. If yes, has the patient been prescribed medication for allergic rhinitis? <input type="checkbox"/> Not recorded <input type="checkbox"/> Yes <input type="checkbox"/> No

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### Section C. Asthma Control Classification based on GINA (Please answer each question below)

**1. In the past week during the day, have you had any symptoms of your asthma such as wheezing, chest tightness or shortness of breath? If so, how many times?**

Not recorded  No: not at all  Yes: once or twice  Yes: more than twice

**2. In the past week, have you been wakened at night by any symptoms of your asthma such as wheezing, chest tightness or shortness of breath?**

Not recorded  Yes  No

**3. In the past week, have your activities at home, work (or school), or exercise been limited by your breathing?**


Not recorded  Yes  No

**4. How often have you had to use your rescue or reliever inhaler in the past week?**

Not recorded  No: not at all  Yes: one or two times  
 Yes: more than twice

**5. How much does the asthma bother this patient?**


Not at all Very much  
0 10

  
(Please ask the patient to mark a point with a vertical line (see example below) on the 10cm scale above and measure the score with a ruler from the left. Please enter a value between 0 and 10 with up to 2 decimal places eg 6.83)

\_\_\_\_\_.

**6. In your opinion, how much does the asthma bother this patient?**

Not at all Very much  
0 10

  
(Please mark a point with a vertical line (see example below) on the 10cm scale above and measure the score with a ruler from the left. Please enter a value between 0 and 10 with up to 2 decimal places eg 6.83)

\_\_\_\_\_.

For example, measure from the left to the vertical mark.



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### Section D. Asthma Examination Findings

1. What is the patient's Peak Expiratory Flow reading today (best of 3 readings, l/Min)? \_\_\_\_\_
2. What is the patient's best Peak Expiratory Flow (l/Min)? \_\_\_\_\_
3. Has the patient been keeping a Peak Flow Diary?  
 Not recorded  Yes  No
  - a. If yes, what was the lowest reading in the last 2 weeks (l/Min)? \_\_\_\_\_
  - b. What was the highest reading in the last 2 weeks (l/Min)? \_\_\_\_\_
4. Did you perform a spirometry test today?  
 Not recorded  Yes  No
5. If yes, what was the FEV1% predicted? \_\_\_\_\_.
6. Did you check your patient's ability to use their inhaler today?  
 Not recorded  Yes  No
7. If yes, was their ability to use the device:  
 Not recorded  Difficult to tell  Good  Poor

### Section E: Asthma Management Decisions

1. Did you change Inhaled asthma medication?  
 Not recorded  
 Same as before  
 Increased dose or added new medication  
 Decreased medication
2. Did you prescribe a different inhaler device  
 Not recorded  
 Yes  
 No
3. What follow up did you arrange?  
 Not recorded  
 Not arranged  
 Practice doctor/nurse  
 Secondary care specialist