

APPENDIX 7 - ESSENTIAL NCD HEALTH INTERVENTION PROJECT – ASTHMA INITIAL ASSESSMENT FORM

| | | | |
|----------------|---|----------------|----------------------|
| Patient number | <input type="text"/> | Village | <input type="text"/> |
| Name | <input type="text"/> | | |
| Sex | Male <input type="checkbox"/> Female <input type="checkbox"/> | | |
| Age (years) | <input type="text"/> | DOB (dd/mm/yy) | <input type="text"/> |
| | | Family Head | <input type="text"/> |

INITIAL ASSESSMENT

1. Date

2. Acute asthma attack

Is the patient having an asthma attack now?

Yes Y No Y

If yes go straight to the chart on page 4 of the asthma pocket protocol and take appropriate action **now**.

If no, continue below.

3. Has the patient noticed any factors that make their asthma worse?

Exercise

Yes Y No Y

Work environment

Yes Y No Y

Other (specify)

Yes Y No Y

Tobacco smoke

Yes Y No Y

Dust

Yes Y No Y

4. On how many days over the past month (30 days, 4 weeks) did asthma interfere with normal day time activity or disturb sleep?

5. Over the past three months did the patient attend hospital because of an asthma attack **and** receive a nebuliser or an injection for the attack?

Yes Y No Y

If yes give the number of occasions

6. Other diagnosed conditions

Year of diagnosis

Eczema

Hayfever

Year of diagnosis

7. Close family history (in 1st degree relatives) of:

Eczema

Yes Y No Y

Hayfever

Yes Y No Y

Asthma

Yes Y No Y

8. Current medication

9. Impression

10. CONCLUSION

11. ACTION TO BE TAKEN

Acute attack:

| | | | |
|---|---|---|--------------------------|
| ▶ Attack is severe* | ← | Refer to hospital | <input type="checkbox"/> |
| ▶ Attack not severe and patient has taken 30mg prednisalone for 14 days | ← | Refer to hospital | <input type="checkbox"/> |
| ▶ Attack not severe and patient has taken salbutamol for 48 hours | ← | Prescribe patient 30mg prednisalone for 14 days | <input type="checkbox"/> |
| ▶ Attack not severe and patient is not taking bronchodilators daily | ← | Prescribe patient salbutamol for 48 hours | <input type="checkbox"/> |
| Less than 10 days affected in the past month | ← | Start on Step 1 | <input type="checkbox"/> |
| More than 10 days affected in the past month | ← | Start on Step 2 | <input type="checkbox"/> |

12. DRUGS PRESCRIBED

Mg

Times/day

13. Date of next appointment

| | | | | | |
|--------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Salbutamol tablets | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Aminophylline | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Prednisolone | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

(in 3 months if on Step 1, otherwise next appointment is in 1 month)

*Definition of a severe attack

A severe attack of asthma is when

- ❖ the patient is too breathless to complete sentences in one breath
- ❖ Respiratory rate ≥ 25 breaths per minute
- ❖ Heart rate ≥ 110 beats per minute

APPENDIX 8 - ESSENTIAL NCD HEALTH INTERVENTION PROJECT – ASTHMA FOLLOW-UP FORM

| | | | |
|----------------|---|----------------|----------------------|
| Patient number | <input type="text"/> | Village | <input type="text"/> |
| Name | <input type="text"/> | | |
| Sex | Male <input type="checkbox"/> Female <input type="checkbox"/> | | |
| Age (years) | <input type="text"/> | DOB (dd/mm/yy) | <input type="text"/> |
| | | Family Head | <input type="text"/> |

ASSESSMENT

1. Date

2. Acute asthma attack

Is the patient having an asthma attack now?

Yes Y No Y

If yes go straight to the chart on page 4 of the asthma pocket protocol and take appropriate action **now**.
If no, continue below.

3. On how many days over the past month (30 days, 4 weeks) did asthma interfere with normal day time activity or disturb sleep?

4. Over the past three months did the patient attend hospital because of an asthma attack **and** receive a nebuliser or an injection for the attack? Yes Y No Y

If yes, give the number of occasions

5. Do you smoke? Yes Y No Y If yes, how often? Daily Y Weekly Y Less than weekly Y

6. Currently on step number: Step #1Y Step #2Y Step #3Y Step #4Y

| | |
|-----------------------|---------------|
| 7. Current medication | 8. Impression |
|-----------------------|---------------|

9. CONCLUSION (choose one only)

10. ACTION TO BE TAKEN

Patient is having an **acute attack**:

| | | | |
|---|---|---|--------------------------|
| ▶ Attack is severe* | ⇐ | Refer to hospital (Step 5) | <input type="checkbox"/> |
| ▶ Attack not severe and patient has taken 30mg prednisalone for 14 days | ⇐ | Refer to hospital (Step 5) | <input type="checkbox"/> |
| ▶ Attack not severe and patient has taken salbutamol for 48 hours | ⇐ | Prescribe patient 30mg prednisalone for 14 days | <input type="checkbox"/> |
| ▶ Attack not severe and patient is not taking bronchodilators daily | ⇐ | Prescribe patient salbutamol for 48 hours | <input type="checkbox"/> |

Patient is **not** having an acute attack:

| | | | |
|--|---|---------------------------|--------------------------|
| ▶ 0-5 days affected in the past month | ⇐ | Step down to Step number: | <input type="text"/> |
| ▶ 6-10 days affected in the past month | ⇐ | Stay on same Step | <input type="checkbox"/> |
| ▶ More than 10 days affected in the past month | ⇐ | Step up to Step number: | <input type="text"/> |

| 11. DRUGS PRESCRIBED | Mg | Times/day | 12. DATE OF NEXT APPOINTMENT |
|----------------------|----------------------|----------------------|--|
| Salbutamol tablets | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Aminophylline | <input type="text"/> | <input type="text"/> | (in 3 months if on Step 1, otherwise next appointment is in 1 month) |
| Prednisolone | <input type="text"/> | <input type="text"/> | |

***Definition of a severe attack**

A severe attack of asthma is when

- ❖ the patient is too breathless to complete sentences in one breath
- ❖ Respiratory rate ≥ 25 breaths per minute
- ❖ Heart rate ≥ 110 beats per minute