

# EMERGENCY & URGENT CARE CENTRES: RESPONSE TO ASTHMA / SUSPECTED ASTHMA TOP TIPS

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## DIAGNOSIS

- **Avoid making a new diagnosis** of asthma in emergency/urgent care: diagnoses require additional testing/confirmation. Explain to patient and record in notes: "Suspected asthma, needs confirmation".
- **Refer all suspected cases of asthma to the patient's family physician (FP/GP) or respiratory diagnostic service.** Continue to use "suspected asthma, needs confirmation" until a diagnosis is made.
- **Take and record peak flow** to assess, classify severity and guide initial treatment. It is an AGP\* so do this outdoors or in a side room with good air clearance. Compare with patient's known best or with predicted. 20% improvement in PEF following asthma treatment suggests asthma. < 50% predicted or best is a severe asthma attack: consider admission. Record presence or absence of wheeze.
- **Other measurements of severity:** pulse and respiratory rate, changed speaking pattern, O2 saturation.
- In **urgent care, consider concomitant allergic rhinitis (AR):** good management improves symptoms.
- Continue to consider **additional/ other causes of breathlessness** eg CVD, anxiety, dysfunctional breathing.

## MANAGEMENT

- In asthma/strongly suspected asthma **do not prescribe a SABA<sup>^</sup> inhaler without a preventer corticosteroid (ICS) inhaler:** SABA does not treat inflammation. Need for SABA signals asthma is not well controlled. Over-reliance on SABA for asthma is linked to higher risk of death. Ask and record how many SABA inhalers they used in last 12 months. Explain it should be < 3. Consider using the Asthma Slide Rule<sup>1</sup>.
- **Assess how they use their preventer inhaler** (if ever prescribed) and/or ask how many used in the last 6 months. Many patients forget or neglect to use these. Explain importance of regular use, not just when feeling breathless.
- If the patient uses a pressurised metered dose inhaler (**pMDI**) **without a spacer, provide a spacer because drug delivery is normally suboptimal without.**
- Organise **assessment of every person's inhaler (and spacer) technique by a trained clinician.** Practise demonstrating it and know how to signpost eg their pharmacist or websites<sup>2,3</sup>.
- Do not prescribe a new inhaler without confirming the patient can use it.
- If an inhaler **brand is no longer available,** use [www.RightBreathe.com](http://www.RightBreathe.com) or equivalent to **find best alternative** drug and device.
- **Repeat peak flow to monitor response to treatment. Record.**
- Look for and **flag in the emergency or integrated record recurrent attendances for asthma** (even if they do not require admission) **for urgent review by FP/GP.**

## BEFORE DISCHARGE Inform, connect, signpost to prevent future attacks

- Remember asthma is a long-term condition; **the person's attendance today is a very short and frightening moment in a long story that you may not know.** Listen to and refer them back to their FP/GP/lead HCP.
- Attendance today usually indicates **poor asthma control. It always requires urgent review and in-depth follow up.** For the 1st episode, guidelines recommend review by FP/GP/lead HCP within 48 hours, which is often by phone and used to set date for consultation to explain more and amend/create an asthma action plan. For repeated attendances, refer for urgent review by specialist respiratory service.
- **Take a 3rd peak flow reading before discharge to confirm stability and readiness for discharge.**
- **Give all smokers Very Brief Advice<sup>4</sup>,** signpost/refer to a smoking cessation service.
- **Print out or signpost patients to patient support leaflets or group<sup>5</sup>.**
- **Ask if they have had their flu vaccination (annual) and pneumococcal vaccination.** If not, and depending on national vaccination policy, signpost.

1 [www.ipcr.org/asthmarightcare](http://www.ipcr.org/asthmarightcare)

2 [www.RightBreathe.com](http://www.RightBreathe.com)

3 [www.asthma.org.uk/advice/inhaler-videos](http://www.asthma.org.uk/advice/inhaler-videos)

4 [www.medthority.com/very-brief-advice-for-tobacco-dependency-learning-zone/](http://www.medthority.com/very-brief-advice-for-tobacco-dependency-learning-zone/)

5 [www.europeanlung.org/en/lung-disease-and-information/factsheets/english/](http://www.europeanlung.org/en/lung-disease-and-information/factsheets/english/)

Adapted with permission from guidance from NHSE (London) Respiratory Clinical Network by a multinational Asthma Right Care team including FPs, pharmacists, urgent care FPs, primary care academics and patients.

\*AGP = aerosol generating procedure

<sup>^</sup>SABA – short-acting beta2 agonist