



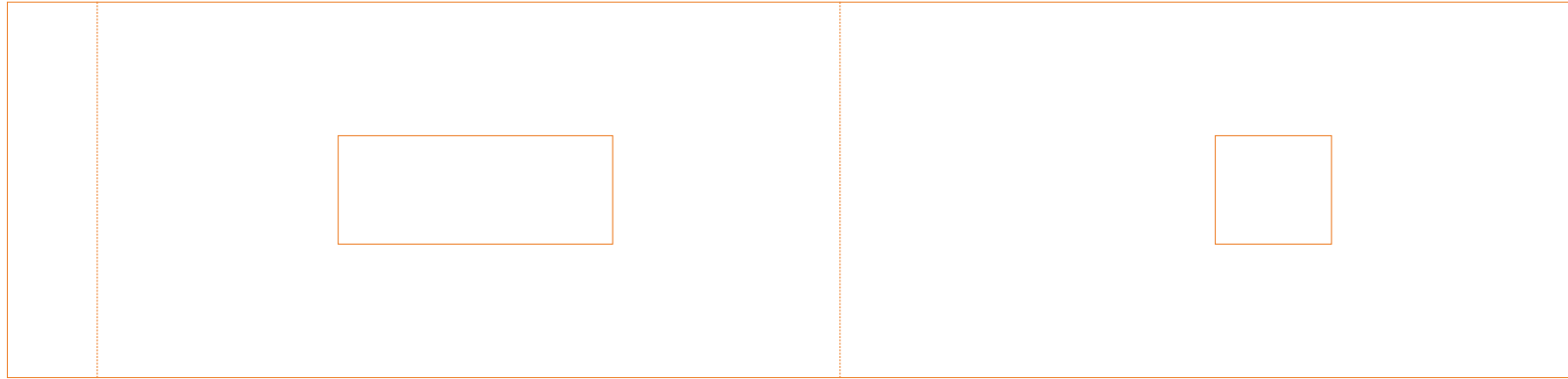
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SLIDER CUTTER GUIDE



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ASTHMA SLIDE RULE

1. Questions for prescriber/pharmacist to ask themselves and a person with asthma

Using this slide rule, how much short-acting beta₂ agonist (SABA) also known as reliever/rescue/salbutamol/albuterol inhaler would you think was acceptable for a person with asthma to take in a year, week or day before you thought a review was necessary? What made you choose that?

	Increasing SABA use*											
Number of SABA inhalers Rx per year	1	2	3	4	5	6	7	8	9	10	11	12
Puffs of SABA used per year	200	400	600	800	1000	1200	1400	1600	1800	2000	2200	2400
Puffs of SABA used per week	4	8	12	15	19	23	27	31	35	39	42	46
Puffs of SABA used per day	< 1	1	2	2	3	>3	4	>4	5	6	>6	7
	Symptoms											

*Some devices do not contain 200 puffs. Check the number in the devices you prescribe/dispense or use, and modify these messages accordingly

Suggestion: Try asking a person with asthma question 1 after asking the ACTTM** question^{***}: During the past 4 weeks, how often have you used your blue puffer or reliever medication:

3 or more times per day / 1 or 2 times per day / 2 or 3 times per week / Once a week or less / Not at all

** Asthma Control TestTM *** <https://www.asthmahandbook.org.au/resources/tools/control-questionnaires> Asthma Right Care Guidance Notes available at www.iprcg.org/asthmarightcare"





ASTHMA SLIDE RULE (reverse side: push slider back to left to begin)

2. Questions for prescriber to ask themselves and a person with asthma

Reflecting on your answer to Question 1, and using the number scale 0–10 below, slide to the number that reflects:

- How important is it that you organise a review? What made you select [number]?
What would have made it a higher number [eg 8]
- How confident do you feel to have a conversation about reducing the dose?
What made you select [number]? What would have made it a higher number [eg 8]?



The Australian Asthma Handbook (www.asthmahandbook.org.au) recommends to ONLY consider the use of as-needed SABA (salbutamol or terbutaline) alone (without inhaled corticosteroids) for adults and adolescents with very infrequent symptoms and no risk factors for flare-ups. Reliever medications are provided to all patients for as-needed relief of breakthrough symptoms, including worsening asthma or exacerbations. They are also recommended for short-term prevention of exercise-induced bronchoconstriction. Reducing and, ideally, eliminating the need for SABA reliever is both an important goal in asthma management and a measure of the success of asthma treatment. Anyone experiencing more symptoms or who has risk factor for flare-ups needs to have their management plan reviewed to include an inhaled corticosteroid (ICS).

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