North East Paediatric Partnership

Patient Identifier

Annual Review Sheet

(20 minutes recommended)

1) SYMPTOMS

- **Children's Asthma control Test score** _____
- **Frequency of Salbutamol use** _ _____
- **Acute attacks:**
  - i. **Number of acute attacks since last review** _____
  - ii. **Number of courses of steroids since last review** _____
  - iii. **Number of A and E attendances/admissions since last review** _____

2) TRIGGERS

- **Known/possible triggers** _____
- **Smoking status – young person** _____

  - family members _____
- **Concomitant rhinitis present?** _____
- **Raised BMI? If so, advice given?** _____

3) RISK FACTORS FOR LIFE THREATENING EPISODE

- **Previous life threatening episode** _____
- **Parental mental illness** _____
- **Psychosocial deprivation** _____
- **High DNA rate/poor compliance** _____

4) MEDICATION

- **Current medications** _____

  _____
- **Number of preventers since last review?** _____
- **Number of relievers since last review?** _____
- **Does this indicate good adherence?** _____

5) INHALER TECHNIQUE

- **Technique reviewed and adequate?** _____
- **Is patient suitable for hand held device?** _____

6) ASTHMA MANAGEMENT PLAN

- **Plan reviewed, discussed and updated.** _____

QE Gateshead · Newcastle Gateshead Clinical Commissioning Group · North Tyneside Clinical Commissioning Group · The great north Children's Hospital · Northumberland Clinical Commissioning Group · Northumbria Healthcare NHS