



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 _____
- Known food allergies/nut avoidance? _____
- 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. _____