

# Difficult To Treat Asthma - Patient Care Report

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22-07-2021

## 1. Patient Information

75 year old Female, GINA 4, Latest visit: 06-04-2021

### Demographic

Demo patient ID XXXX			
BMI	27.22	Smoke Status	Never smoked
Height	1.66 m	Age Asthma Onset	16
Weight	75 kg	Age Asthma Diagnosis	17

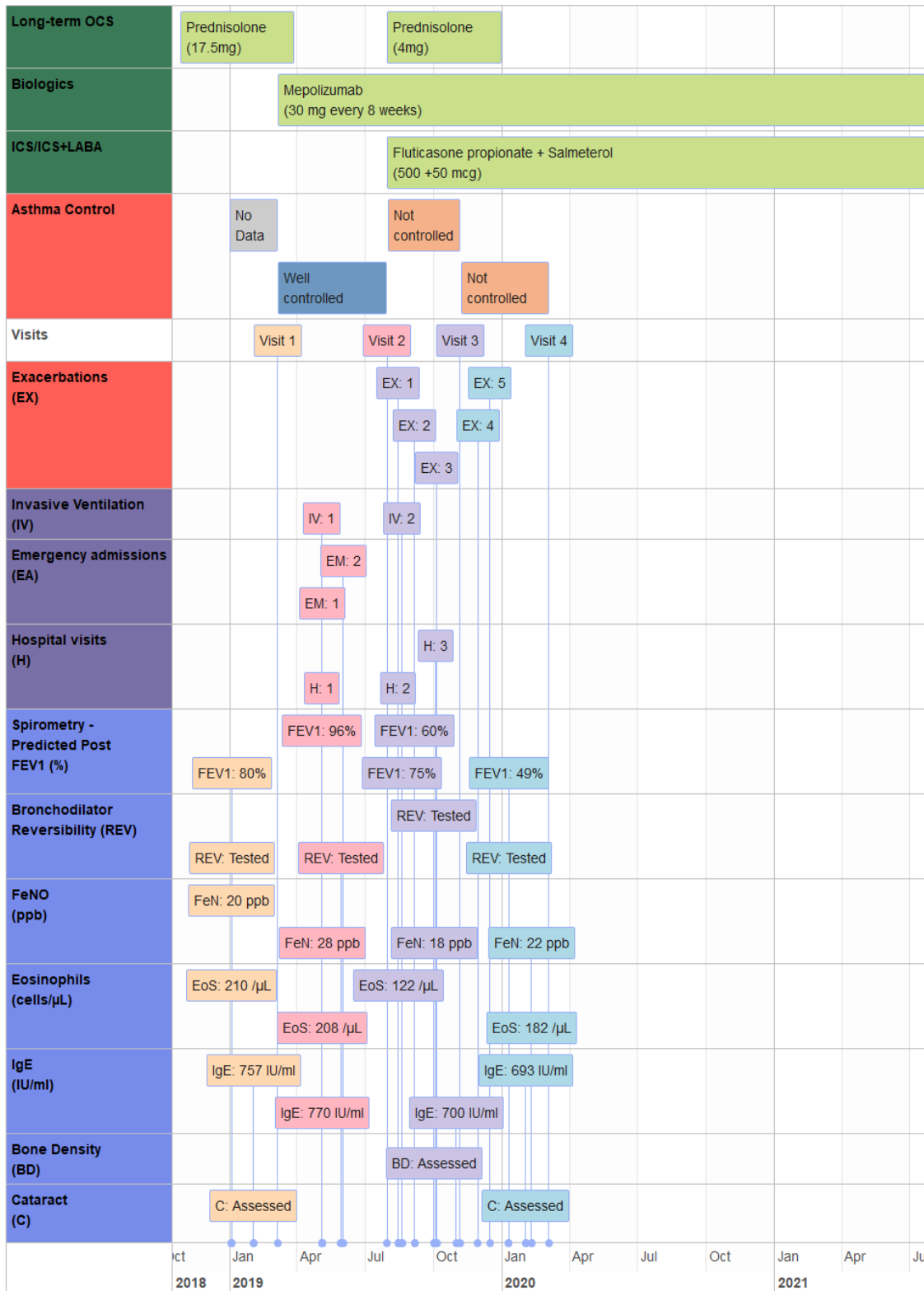
### Comorbidities

Type-2 Comorbidities			
Allergic Rhinitis	No	Atopic Dermatitis (Eczema)	No
Chronic Rhinosinusitis	No	Nasal Polyps	No

Asthma Confounding Comorbidities			
Allergic Bronchopulmonary Aspergillosis	No	EPGA	Yes
Bronchiectasis	No	GERD	No
COPD	No	Vocal Cord Dysfunction	No
Dysfunctional Breathing	Yes		

Possible Steroid-related Comorbidities			
Anxiety	No	Obesity	No
Cataract	No	Osteoporosis	No
Depression	No	Peptic Ulcers	No
Diabetes	No	Pneumonia	Yes
Venous Thromboembolism	No	Renal Failure	Yes
Glaucoma	No	Obstructive Sleep Apnoea	Yes
Heart Failure	No	Stroke	No
Hypertension	No	Other	No
Myocardial Infarction	No		

## 2. Patient Assessment over time




### 3. Considerations

- **Quality standard 1: Demographic information availability and confirming asthma diagnosis**

Consider reporting these demographic characteristics and elements and confirming asthma diagnosis in the patient letters:

BMI	Available	Weight	Available
Height	Available	Asthma Diagnosis Age	Available



Availability	Letter 1	Letter 2	Letter 3	Letter 4
Spirometry	Available	Available	Available	Available
Bronchodilator Reversibility	Available	Available	Available	Available

	<p>The patient has <b>BMI, Weight, Height, Asthma Diagnosis Age</b> recorded in any of the letters.</p> <p>The patient has <b>Spirometry, Bronchodilator Reversibility,</b> recorded in each of the 4 latest letters.</p>
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- **Quality standard 2: Assessing asthma control and addressing modifiable risk factors and triggers**

Consider reporting these asthma control, asthma risk factor and trigger measures during each patient visit (4 latest letters displayed):



Availability	Letter 1	Letter 2	Letter 3	Letter 4
Overall Asthma Control	Not Available	Available	Available	Available
Smoking Status	Available	Available	Available	Available
Age Asthma Onset	Available	Available	Available	Available
Occupation history	Available	Available	Available	Available
IgE count	Available	Available	Available	Available
FeNO	Available	Available	Available	Available
Blood Eosinophils	Available	Available	Available	Available

	The patient has <b>Smoking Status, Age Asthma Onset, Occupation history, IgE count, FeNO, Blood Eosinophils</b> recorded in each of the 4 latest letters.
	The patient has <b>Overall Asthma Control</b> recorded in some of the 4 latest letters but not in all.
<b>Considerations</b>	Consider: Consider reporting <b>Overall Asthma Control</b> in all letters. Determining symptom control and whether asthma is difficult-to-treat should be part of the visit. → This information is recorded in EMR.

▪ **Quality standard 3: Pharmacological management**

Consider reporting these pharmacological management practices during each patient visit (4 latest letters displayed):



Availability	Letter 1	Letter 2	Letter 3	Letter 4
Medication Adherence Assessment	Available	Available	Available	Available
Inhaler Technique Assessment	Available	Not Available	Not Available	Available

	The patient has <b>Medication Adherence Assessment</b> recorded in each of the 4 latest letters.
	The patient has <b>Inhaler Technique Assessment</b> recorded in some of the 4 latest letters but not in all.
<b>Considerations</b>	<p><b>Consider:</b> Reporting <b>Inhaler Technique Assessment</b> in all letters. Inhaler technique should be assessed by a trained healthcare professional by asking the person to demonstrate how they use their inhaler while watching and checking against a checklist of correct steps for the particular device. Problems should be corrected through demonstration of proper technique, coaching and re-checking technique.</p> <p>➔ This information is not recorded in EMR, consider recording it in next visits.</p>

▪ **Quality standard 4: Self-management reinforcement and exacerbation management**

Consider reporting these review and exacerbation management practices during each patient visit (4 latest patient letters displayed):

Availability	Letter 1	Letter 2	Letter 3	Letter 4
Asthma Action Plan Update	Available	Available	Available	Not Available
Bone Density Assessment	Not Available	Not Available	Available	Not Available
Cataract Assessment	Available	Not Available	Not Available	Available
BMI	Available	Available	Available	Available

	The patient has <b>BMI</b> recorded in each of the 4 latest letters.
	The patient <b>Asthma Action Plan Update, Bone Density Assessment, Cataract Assessment</b> recorded in some of the 4 latest letters but not in all.
<b>Considerations</b>	<p><b>Consider:</b> Reporting <b>Asthma Action Plan Update</b> in all letters. Every person with asthma should have their own personalised written asthma action plan. The National Asthma Council recommends that asthma action plans should be reviewed annually and whenever there is a significant change in treatment of asthma status.</p> <p>→ This information is recorded in EMR.</p> <p><b>Consider:</b> Reporting <b>Bone Density Assessment</b> in all letters. Short-term and long-term adverse effects of oral corticosteroids are common and should be explored during consultation Long-term adverse effects include osteoporosis.</p> <p>→ This information is recorded in EMR.</p> <p><b>Consider:</b> Reporting <b>Cataract Assessment</b> in all letters. Short-term and long-term adverse effects of oral corticosteroids are common and should be explored during consultation Long-term adverse effects include cataracts.</p> <p>→ This information is recorded in EMR.</p>

## 4. References

1. Center of Excellence in Severe Asthma, 'Severe Asthma Toolkit' [Online]  
Available at: [<https://toolkit.severeasthma.org.au/> ]