



Annual Review Sheet

(20 minutes recommended)

1) SYMPTOMS

- Children's Asthma control Test score _____
- Frequency of Salbutamol use _____
- Acute attacks:
 - Number of acute attacks since last review _____
 - Number of courses of steroids since last review _____
 - 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?

In the absence of a cold, problems with

- Blocked nose Yes/No
- Sneezing Yes/No
- Runny nose Yes/No

If Yes to any of the above, on any treatment? Antihistamine/ Intranasal steroid spray

- Nasal spray technique reviewed? Yes/No
- 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 _____

Patient Identifier



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.
