

Protocol for Low Risk Asthma

Guide for healthcare assistants and other appropriately trained staff

Introduction

The following provides suggested wording to be used by healthcare assistants and other appropriately trained staff, to contact people who have been identified as having low risk asthma. Please note that this is a guide and can be adapted as required.

We suggest you have a telephone or video call with the aim of:

1. Offering support to people during this time.
2. Checking how confident people are in managing their condition.
3. Ensure they know what to do if there is a problem or if their condition deteriorates.

How to use this guide:

Each question is numbered to help guide you through the content.

- Questions for you to ask are in black print.
- The wording in **red** is there to provide directions as to which questions you should ask next or as general information for you. The wording in **red** is **not** intended to be read to the patient.
- We suggest that the sections in highlighted in **blue** are prioritised if less than 20 minutes is available.
- NB: Sections of the proposed wording will need to be locally agreed and adapted, e.g. how to confirm patient identity, how and where to record information provided; local arrangements as to repeat prescriptions. These sections are highlighted in **yellow**.
- This protocol contains several website links and apps that can be sent to the patient for more information and advice. Please check that the patient has access to the internet and is able to watch or read online material. If the patient is unable to access website links, please ask if they have a family member or friend who can help them. Alternatively, the websites contain printable material that you can print and post to the patient.
- **Be aware of red flags (symptoms that the patient mentions that could be a cause for concern). The following red flags are repeated throughout the document as a reminder:**
 - **If the patient mentions shortness of breath – ask the patient to follow their asthma action plan and give advice from point 4d.**
 - **If the patient has chest pain/can't breathe despite using their blue inhaler – discuss with a GP urgently or ask patient to call 999 if they feel this is warranted.**
 - **If there is anything you are unsure of, escalate to a nurse/pharmacist/GP**

Useful tips

Some tips to make the most out of this conversation:

- Some people may be going through a very difficult time right now due to loneliness, illness, financial difficulty or even losing a loved one. It's important that we use this opportunity to demonstrate care and empathy – putting ourselves into the shoes of others – allow these emotions to come through in your conversation through a calm, soft tone of voice and a steady pace.
- Avoid distractions during the conversation, patients will notice if you are pre-occupied.
- Listen attentively, if the patient raises a question or a concern, repeating their concern to check you understand it will reassure them that you are listening (e.g. *'so you would like to*

know if the steroid in your brown inhaler is a high dose, I will pass this onto the pharmacist for you’).

Remember you do not need to have all the answers – if the patient has a question about their condition, please write it down and pass it onto a suitable member of the team to respond (i.e. a doctor, nurse, pharmacist or physicians’ assistant).

Practise!

We suggest you practise the wording given below with a colleague before you contact your first patient. UCLPartners will also provide virtual training on delivering these protocols and there will be an opportunity to practise the following during these sessions

Suggested wording:

Section 1: Beginning the conversation

1a. Hello, my name is [(first name)] and I’m calling from the [(insert name)] practice.

1b. Can I confirm I am speaking to [(insert patients name)]?

1c. You should have received a letter or a text message, advising that I would be contacting you about your asthma. Did you receive this message from us?

(If patient says no, please ask ‘are you happy to carry on talking today, the call should take approximately 20 minutes?’)

- Yes – Great, thank you. *Continue to question 1d.*
- No – when would be a better time to call you? *(Note down date/time on the patients record and set a reminder to call this patient back.)*

1d. Could you confirm your date of birth or address for me please?

(If talking to a member of the family, you will need to ask for consent from the patient to do so: are you happy for me to talk to your [insert who?])

1e. I am a healthcare assistant/ (insert role) which means I support [Dr or nurse name if possible] to care for patients.

I am here to talk to you about your asthma and listen to any concerns you have. If you have any medical questions then I will make sure a doctor, nurse or pharmacist will contact you to discuss them further.

1f. If at any point I am talking too fast or you would like me to repeat anything, please let me know.

- 1g. We are keen to ensure your asthma remains stable during this time & you feel supported with what to do if your asthma becomes worse during this period. We are contacting you because we are aware that it may be more difficult to attend appointments to manage your asthma because of COVID-19.
- 1h. The aim of today's call is primarily to discuss your asthma and how to manage it. I will also confirm with you that you have enough medication. The information that I am going to give to you today has been provided by your doctor.

It would also be good to talk about how you are managing to keep healthy at this time in terms of diet, exercise and smoking. Is that ok?

- **If the patient says yes – continue onto 1i**
 - **If the patient says no (i.e. they do not want to talk about lifestyle) - Ok, no problem, we will just concentrate on your asthma during this call.**
- 1i. I have some specific questions to ask you about your asthma but please do ask me any questions or raise any concerns you may have during our conversation.

Red flags

- **If the patient mentions shortness of breath – ask the patient to follow their asthma action plan and give advice from point 4d.**
- **If the patient has chest pain/can't breathe despite using their blue inhaler – discuss with a GP urgently or ask patient to call 999 if they feel this is warranted.**
- **If there is anything you are unsure of, escalate to a nurse/pharmacist/GP**

Section 2: COVID-19

- 2a. We will not be covering any specific information about COVID-19 today but if you feel that you have any of the symptoms of COVID-19 please follow government advice on self-isolation and continue to take your medicines as advised by your doctor.

If you have any concerns regarding your symptoms please visit the NHS website (<https://www.nhs.uk/conditions/coronavirus-covid-19/>), call NHS 111 or contact your GP practice.

Section 3: Asthma Action Plan

3a. Asthma is a condition that affects the lungs. Do you know *how* the lungs are affected in someone who has asthma? (Give the patient a moment to answer).

- Yes - (check understanding then go to section 3b)
- No - asthma causes the airways within the lungs to narrow due to inflammation which is caused by a trigger such as dust. This results in wheezing and difficulty breathing.

3b. Do you have an asthma action plan? It provides information on how to manage your asthma.

- Yes (go to section 4)
- No/unsure
 - Caller to check – Is there an action plan on the system?
 - Yes - Would you like a copy sent to you? (If yes, please document e-mail address/ confirm home address then go to section 4)
 - No - I will send you a link to the Asthma UK website for an asthma action plan that you can use as general advice. This can be completed with your healthcare professional at your next visit. Go to section 4

3c. (Optional section – check with lead GP before including in consultation)

If the patient responds with 'yes' to any of the following 3 questions, please refer the patient to a practice pharmacist/nurse/GP after the consultation.

In the last month:

- have you had difficulty sleeping because of your asthma symptoms (including cough)?
- have you had your usual asthma symptoms during the day (cough, wheeze, chest tightness, or breathlessness)?
- has your asthma interfered with your usual activities (e.g. housework, work/school, etc)?

Ensure the responses are documented on the GP record

Red flags

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- If there is anything you are unsure of, escalate to a nurse/pharmacist/GP

Section 4: What to do if your asthma is getting worse

- 4a. Are you aware of the early warning signs that may mean you are at risk of having an asthma attack in the next few days? [Give the patient a moment to answer and list the symptoms they are aware of; for any that they do not list, please add from the list in 4b]
- 4b. If you experience any of the following early warning signs, you may be at risk of having an asthma attack in the next few days. These include:
- If you need to use your reliever inhaler (usually blue) three times a week or more because of your asthma symptoms
 - If your symptoms are coming back – tightness in your chest, feeling breathless, coughing and/or wheezing
 - If you are waking up at night because of your asthma
 - If your symptoms are getting in the way of your day-to-day life – like work, family life or exercise
- 4c. If you have any of these early warning signs, speak to your nurse or doctor today. If you cannot get an urgent same day appointment with your GP surgery, then call 111 to ask if they can get you a slot at a local surgery or walk in centre.
- 4d. Do you know what to do if you have an asthma attack? [Let the patient answer/ list out the steps they would take – confirm the following steps with them]
1. Sit up straight- try to keep calm
 2. Take one puff of your reliever inhaler (usually blue) every 30-60 seconds up to 10 puffs
 3. If you feel worse at any point OR you don't feel better after 10 puffs call 999 for an ambulance
 4. Repeat step 2 after 15 minutes while you're waiting for an ambulance.

NB not applicable to SMART or MART regimes - Single Maintenance and Reliever Therapy (SMART or MART) is when you have just one inhaler which contains a combination of medicines to help your asthma.

Red flags

- If the patient mentions shortness of breath – ask the patient to follow their asthma action plan and give advice from point 4d.
- If the patient has chest pain/can't breathe despite using their blue inhaler – discuss with a GP urgently or ask patient to call 999 if they feel this is warranted.
- If there is anything you are unsure of, escalate to a nurse/pharmacist/GP

Section 5: Medication

5a. Do you currently have enough medication to last 7 or more days?

If they say yes – That's great, please request further supplies 7-10 days before you run out of medication. You can request repeat prescriptions by (please mention options that apply to your practice which might include):

- The NHS app
- Your nominated pharmacy
- Contact us directly at [insert name of GP practice]

If they say no, please note this down. Please say: I will request a prescription from your GP.

If they are unsure - Could you please double-check while I wait on the phone?

Section 6: Advice in case of Developing Flu-like Symptoms

6a. Do you know what to do if you come down with flu-like symptoms, a cold, or any other respiratory infection?

- Refer to your asthma action plan if you have any shortness of breath or feel wheezy. There's a useful video that can help you check that you are getting the most benefit from your inhaler. You can find this video on the Asthma UK website. I'll send you links to this at the end of our conversation.
- If you have a preventer inhaler, make sure you are taking it every day. This is usually the brown or red inhaler (it can also be purple). It is the one that contains a steroid which helps to control inflammation in your lungs, meaning you're less likely to have an asthma attack.
- Carry your reliever inhaler (usually blue) with you and take it as needed as this opens your airways and can provide immediate relief to breathing. It lasts for only a short while so if you are using it more than 6 times a day you must contact your GP practice. If the GP practice is unavailable or it is out of hours, call 111 or if in serious life-threatening difficulty call 999.
- If after using your reliever inhaler your symptoms return within four hours, make a same-day telephone appointment with your practice nurse, pharmacist or doctor.
- Rest. Take paracetamol for aches/pains or if your temperature is above 37.5⁰C. Paracetamol is usually safe, but non-steroidal anti-inflammatory tablets (NSAIDs) such as ibuprofen (e.g. Nurofen), naproxen and mefenamic acid (e.g. Ponstan), and aspirin, may make asthma symptoms worse or trigger an asthma attack in some people. If paracetamol is unavailable, please call your local community pharmacy for advice.
- Drink plenty of fluids (i.e. water and other non-caffeinated/non-alcoholic drinks) each day or enough to ensure you are passing urine every couple of hours.

Red flags

- If the patient mentions shortness of breath – ask the patient to follow their asthma action plan and give advice from point 4d.
- If the patient has chest pain/can't breathe despite using their blue inhaler – discuss with a GP urgently or ask patient to call 999 if they feel this is warranted.
- If there is anything you are unsure of, escalate to a nurse/pharmacist/GP

Section 7: Smoking Status

7a. Do you smoke?

- Yes - Can I ask how many cigarettes you smoke on average per day? (Document number on patient record).

What do you know about the impact of smoking on your health? (Give the patient a moment to respond).

Smoking can cause asthma exacerbations and progression to other long-term respiratory conditions such as COPD. Stopping smoking will protect your heart and lungs from deterioration and is one of the best things you'll ever do for your health. You can get started with free expert support, stop smoking aids, tools and practical tips from the 'One You' website (<https://www.nhs.uk/oneyou/for-your-body/quit-smoking/>). It also contains a free downloadable app to support you. I'll send you the link to this.

- No – go to section 8

If the patient agreed to discuss lifestyle – continue.

If the patient did not agree to discuss lifestyle go to section 11.

Section 8: Health and Well-being

How is your general wellbeing at this time e.g. diet, exercise, alcohol consumption?

Which of the following, if any, do you feel may be the biggest challenge(s) for you right now?

1. Keeping active (see section 9)
2. Maintaining a healthy diet (see section 10)
3. Keeping alcohol intake within the advised guidelines (see section 10)
4. Stopping/reducing smoking (if relevant) (see smoking cessation advice)
5. Maintaining good mental health (see resources list)

Once the patient has responded to the above question, ask: Would you like to discuss this/these further now?

- Yes – go to corresponding section (see above)
- No – would you like me to provide you with some resources to review later instead?
 - Yes - (see section 12: Resources).
 - No – go to section 11: Ending conversation

Section 9: Exercise

9a. Are you managing to stay active?

9b. It can be challenging to stay active and difficult to know which activities to do, however there are several helpful resources and tips that you can do at home or at your local park.

9c. Do something active every day, something is better than nothing. Even 10 minutes is a good start. Aim for 150 minutes per week in chunks of 10 minutes or more (for example 30 minutes a day, 5 days a week). For more information and tips on exercise see <https://www.nhs.uk/oneyou/for-your-body/move-more/>

9d. When you do any activity that gets your pulse rate up it's totally normal if you breathe faster and more deeply or get hot and sweaty.

9e. If physical activity usually triggers your asthma symptoms, take your blue (reliever) inhaler before starting an activity.

Section 10: Diet

- 10a. Are you managing to eat regularly and include fruit and vegetables in your diet?
- 10b. We understand that obtaining all the usual fruits/vegetables and other groceries may be difficult now but try to maintain a balanced diet as much as possible during this time as it will help your overall well-being. The 'One You' website have some great information on eating healthy and cooking tips. <https://www.nhs.uk/oneyou/for-your-body/eat-better/>
- 10c. Eating healthily and keeping track of your calorie intake can be tricky sometimes.
- 10d. If we consume more calories than we burn off, our bodies store any extra as fat. Over time this could mean we put on weight. The calorie content can usually be found on the nutrition label under energy.
- 10e. Healthier snacks include fresh fruit, unsalted nuts or seeds, plain rice cakes and low-fat yogurt.
- 10f. Drink plenty of fluids (i.e. water, non-caffeinated and non-alcoholic drinks) a day or enough to ensure you are passing urine every couple of hours.

Alcohol

- 10g. Do you drink alcohol?
- Yes – We understand that being at home for longer means that some people might drink more alcohol than usual. Just remember, both men and women are advised not to regularly drink more than 14 units a week.
 - A small 125ml glass of wine, for example is 1.6 units and there are around 10 units in the average bottle of wine.
 - An average pint of beer is around 2 units depending on how strong it is. For a very strong pint of beer this rises to 3.5 units.
 - A single gin and tonic is approximately 1 unit.
 - You can access more information about this on the 'One You' website: (<https://www.nhs.uk/oneyou/for-your-body/drink-less/>)
 - No – Move onto next point

Section 11: Ending Conversation

- 11a. Thank you for your time today. I hope this has been helpful.
- 11b. Do you have any questions or concerns about anything we talked about? (If yes, please note down and pass onto GP/experienced PA/nurse/pharmacist to respond).
- 11c. During our discussion I mentioned some websites and apps that you may want to have a look at. They have a lot of useful information. I will send these over (depending on whether phone or video session this could be by text message/ email/ via the post).
- 11d. Also, if you are feeling particularly anxious about the current situation, I would recommend having a look at the NHS Mental Health website.

Section 12: Resources [to be updated according to local preference]

Asthma resources:

- Understanding asthma - <https://www.asthma.org.uk/advice/understanding-asthma/>
- What to do in an asthma attack - www.asthma.org.uk/advice/asthma-attacks/
- Help to manage your asthma - <https://www.asthma.org.uk/advice/manage-your-asthma/>
- Videos showing how to get the best out of your inhalers and spacer devices - <https://www.asthma.org.uk/advice/inhaler-videos/>
- Information on using your inhalers: <https://www.asthma.org.uk/advice/inhalers-medicines-treatments/using-inhalers>

Diet:

- One You website <https://www.nhs.uk/oneyou/for-your-body/eat-better/>

Exercise:

- One You website <https://www.nhs.uk/oneyou/for-your-body/move-more/>
- Asthma UK website <https://www.asthma.org.uk/advice/triggers/exercise/>
- Tailored exercise plan www.nhs.uk/apps-library/iprescribe-exercise/ (free to download). The iPrescribe Exercise app creates a 12-week exercise plan based on health information entered by the user. It then sets the duration and intensity of the exercise based on this information.
- Getting active around the home: Tips, advice and guidance on how to keep or get active in and around the home from Sport England: <https://weareundefeatable.co.uk/> (free to access)

Smoking cessation:

- 'One You' website www.nhs.uk/oneyou/for-your-body/quit-smoking/

Wellbeing and Mental Health

- www.nhs.uk/oneyou/every-mind-matters/