

## Clinical Management Plan for Asthma

**Name:**  
**Date of Birth:**

**DATE:**  
**NHS No:**

Patient medication sensitivities/allergies:				
Independent Prescriber(s): <b>Dr. Smith and Partners</b>		Supplementary Prescriber(s): Nurse 1, Nurse 2 and Nurse 3		
<b>Condition(s) to be treated</b> <b>Asthma</b>		<b>Aim of treatment</b> Control of asthma symptoms, prevention of exacerbations and achievement of best possible pulmonary function, with minimal side effects.		
<b>Medicines that may be prescribed by SP:</b>				
<b>Preparation</b>	<b>Indication</b>	<b>Dose schedule</b>	<b>Specific indications for referral back to the IP</b>	
Inhaled short acting $\beta$ 2 agonists	Relief of asthma symptoms at step 1 and above	As detailed in: <ul style="list-style-type: none"> <li>• BNF section 3</li> <li>• BTS/SIGN Asthma Guidelines 2003, chapter 4 (pharmacological management) and chapter 5 (inhaler devices), up to and including step 3.</li> </ul>	Diagnosis in doubt	
Inhaled steroids	Prevention of asthma symptoms at step 2 and above		Failure to achieve stated aims of treatment at step 3.	
Long acting $\beta$ 2 agonist	Prevention of asthma symptoms at step 3 and above		Failure to respond to prednisolone in an exacerbation	
Leukotriene receptor antagonist	Prevention of asthma symptoms at step 3 and above	As per BNF and guidelines above		
Prednisolone	Acute exacerbation			
<b>Guidelines or protocols supporting Clinical Management Plan:</b> <b>Practice asthma guidelines</b>				
<b>Consult practice formulary for first choice of drug and device</b>				
<b>British Guideline on the Management of Asthma (2003) British Thoracic Society and Scottish Intercollegiate Guidelines Network.</b>				
<b>Frequency of review and monitoring by:</b>				
<b>Supplementary prescriber</b> As indicated by response to treatment, but no less than annually	<b>Supplementary prescriber and independent prescriber</b> 3 yearly			
<b>Process for reporting suspected or known adverse drug reactions:</b> SP to report to IP and record in records. Notify by yellow card System if indicated.				
<b>Shared record to be used by IP and SP:</b> Computerised record.				
<b>Agreed by independent prescriber on behalf of partnership</b>	<b>Date</b>	<b>Agreed by supplementary prescriber on behalf of the SPs named above</b>	<b>Date</b>	<b>Date agreed with patient/carer</b>