

Respiratory Nurse Specialist: Inpatient Asthma Assessment

Patient ID label	Date and time of arrival: Location of 1st review: Source of admission: Date of assessment: Consultant:
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Seen by GP prior to admission? Yes <input type="checkbox"/> No <input type="checkbox"/>	Steroids started/increased 24hours prior to admission? Yes <input type="checkbox"/> No <input type="checkbox"/>	Beta-2 agonist given in 1hr prior to arrival in hospital? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Admission heart rate:	Admission resp rate:	Admission SaO2:	Admission FiO2:
Usual PEF (if known)	1st PEF recorded: Date/time: %best/predicted:	PEF technique: Good <input type="checkbox"/> Poor <input type="checkbox"/>	O2 prescribed? Yes <input type="checkbox"/> Date/time: No: <input type="checkbox"/>
O2 given during admission? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date/time oral/IV steroids 1st prescribed?	Beta-2 agonist given in hospital? Date/time given:	Given 5 or more days PO/IV steroid? Yes <input type="checkbox"/> No <input type="checkbox"/>

Presenting Complaint:

Asthma History:

Year/age of diagnosis: _____ Last hospital admission: _____

Last GP/Practice nurse attendance: _____ Annual asthma review date: _____

Any ITU admission for asthma: Yes/No.....

More than 2 courses of oral steroids in the last 1 year?

Role, name and signature:

Date:

Usual symptoms:

Atopic History:

Allergies:

Blood Eosinophils: Raised allergens specific IgE levels: SPT:
Allergic Rhinitis/Atopic eczema/Dermatitis/ Hay fever (circle)

NSAIDs/Aspirin:

Past Medical History:

Smoking History:

Current/Ex/Never

Vaper: Current/ex/never

Exposure to passive cigarette smoke:

Referred to Kathryn: Y/N

Occupation:

Weight:

Pets:

Social/psychological:

Any significant factors (smokers):

Role, name and signature:

Date:

Medication:

Inhaled medication:

Nebulised Therapy:

Concordance:

Inhaler technique checklist completed?

Resp review during admission?

Date/time of RV:

(If not done then refer to ensure follow up)

Discharge checklist completed?

Date/time of discharge:

Role, name and signature:

Date: