

Pharmacist's Asthma Report

Insert your pharmacy's logo here

Provider's Name Fax Date

Patient's Name DOB

Patient's current asthma controller meds

I have noticed excessive use of the following quick relief med at a rate of refills per 90 days.

Patient's other relevant medications

Pharmacist's Recommendations:

- When evaluated by a pharmacist, the patient demonstrated improper inhaler technique which may have contributed to excessive SABA use. After consultation, the patient demonstrated proper device technique. You may wish to re-evaluate at next visit.
- Based on refill history, the patient's adherence to prescribed controller therapy is suboptimal. The pharmacist discussed the importance of using controller medications daily and only using rescue medication when needed. You may wish to reinforce these messages at next visit.
- Based on reported asthma symptoms, you may wish to consider a step up in therapy based on the most recent national guidelines (see below).
- Patient was not available at the pharmacy to discuss proper asthma medication and device use. Please review with patient at next visit.

Comments

Supporting Information: Patient reports the following symptoms and SABA use (highest level with a check = patient's control level)

Well Controlled	Not Well Controlled	Very Poorly Controlled
Daytime symptoms <input type="checkbox"/> 2 days/week or less, not more than one per day	Daytime symptoms <input type="checkbox"/> More than 2 days/week or multiple times on 2 days/week or less	Daytime symptoms <input type="checkbox"/> Throughout the day
Nighttime symptoms <input type="checkbox"/> No more than once per month	Nighttime symptoms <input type="checkbox"/> Ages 0-4: More than once per month <input type="checkbox"/> Ages 5-11: 2 times per month or more <input type="checkbox"/> Ages 12 and over: 1-3 times per week	Nighttime symptoms <input type="checkbox"/> Ages 0-4: More than once per week <input type="checkbox"/> Ages 5-11: 2 times per week or more <input type="checkbox"/> Ages 12 and over: 4 times per week or more
Short-acting B2-agonist use: <input type="checkbox"/> 2 days per week or less	Short-acting B2-agonist use: <input type="checkbox"/> More than 2 days per week	Short-acting B2-agonist use: <input type="checkbox"/> Several times per day
Asthma Control Test™ score: <input type="checkbox"/> 20 or more	Asthma Control Test™ score: <input type="checkbox"/> 16-19	Asthma Control Test™ score: <input type="checkbox"/> 15 or less
Preferred Action: Maintain care, step down if stable for at least 3 months	Preferred Action: Increase therapy by 1 step Check adherence and environmental control	Preferred Action Steroid burst or increase therapy by 1-2 steps and consider co-morbid conditions Check adherence and environmental control

Patient's current treatment step (if known)	<input type="checkbox"/> Step 1	<input type="checkbox"/> Step 2	<input type="checkbox"/> Step 3	<input type="checkbox"/> Step 4	<input type="checkbox"/> Step 5	<input type="checkbox"/> Step 6
Preferred Therapy	All ages: Beta2-agonist PRN	All ages: Low-dose ICS Ages 0-4: Consider referral to specialist	Ages 0-4: Medium-dose ICS Ages 5-11: Low-dose ICS + LABA or leukotriene blocker or medium-dose ICS Ages 12+: Low-dose ICS + LABA or medium-dose ICS	Ages 0-4: Medium-dose ICS + LABA or leukotriene blocker Ages 5+: Medium-dose ICS + LABA	Ages 0-4: High-dose ICS + LABA or leukotriene blocker Ages 5-11: High-dose ICS + LABA Ages 12+: High-dose ICS + LABA ± Omaluzimab	Ages 0-4: High-dose ICS + LABA or leukotriene blocker + oral steroid Ages 5-11: High-dose ICS + LABA Ages 12+: High-dose ICS + LABA + Oral steroid ± Omaluzimab

*Control assessment & steps based on NHLBI Expert Panel Report 3, Asthma Guidelines (2007)

Pharmacist's signature: