**APPENDIX 7 - ESSENTIAL NCD HEALTH INTERVENTION PROJECT – ASTHMA INITIAL ASSESSMENT FORM**

<table>
<thead>
<tr>
<th>Patient number</th>
<th>Village</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Sex</th>
<th>Family Head</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>DOB (dd/mm/yy)</th>
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### INITIAL ASSESSMENT

1. **Date**

2. **Acute asthma attack**
   - **Is the patient having an asthma attack now?**
     - Yes □
     - No □
   
   If yes straight to the chart on page 4 of the asthma pocket protocol and take appropriate action now.
   
   If no, continue below.

3. **Has the patient noticed any factors that make their asthma worse?**
   - Exercise Yes □
   - No □
   - Tobacco smoke Yes □
   - No □
   - Work environment Yes □
   - No □
   - Dust Yes □
   - No □
   - Other (specify) Yes □
   - No □

4. **On how many days over the past month (30 days, 4 weeks) did asthma interfere with normal day time activity or disturb sleep?**

5. **Over the past three months did the patient attend hospital because of an asthma attack and receive a nebuliser or an injection for the attack?**
   - Yes □
   - No □
   
   If yes give the number of occasions □ □

6. **Other diagnosed conditions**
   - Year of diagnosis
     - Eczema
     - Hayfever
     - Asthma

7. **Close family history (in 1st degree relatives) of:**
   - Eczema Yes □
   - No □
   - Asthma Yes □
   - No □
   - Hayfever Yes □
   - No □

8. **Current medication**

9. **Impression**

10. **CONCLUSION**

11. **ACTION TO BE TAKEN**

   **Acute attack:**
   - Attack is severe* □
     ⇒ Refer to hospital □
   - Attack not severe and patient has taken 30mg prednisolone for 14 days □
     ⇒ Refer to hospital □
   - Attack not severe and patient has taken salbutamol for 48 hours □
     ⇒ Prescribe patient 30mg prednisolone for 14 days □
   - Attack not severe and patient is not taking bronchodilators daily □
     ⇒ Prescribe patient salbutamol for 48 hours □

   **Less than 10 days affected in the past month**
   ⇒ Start on Step 1 □

   **More than 10 days affected in the past month**
   ⇒ Start on Step 2 □

12. **DRUGS PRESCRIBED**

<table>
<thead>
<tr>
<th>Mg</th>
<th>Times/day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salbutamol tablets</td>
<td>□ □ □ □ □</td>
</tr>
<tr>
<td>Aminophylline</td>
<td>□ □ □</td>
</tr>
<tr>
<td>Prednisolone</td>
<td>□ □ □</td>
</tr>
</tbody>
</table>

13. **Date of next appointment**

   (in 3 months if on Step 1, otherwise next appointment is in 1 month)

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*Definition of a severe attack*

A severe attack of asthma is when:
- the patient is too breathless to complete sentences in one breath
- Respiratory rate ≥ 25 breaths per minute
- Heart rate ≥ 110 beats per minute
**APPENDIX 8 - ESSENTIAL NCD HEALTH INTERVENTION PROJECT – ASTHMA FOLLOW-UP FORM**

**Definition of a severe attack**
A severe attack of asthma is when
- the patient is too breathless to complete sentences in one breath
- Respiratory rate ≥ 25 breaths per minute
- Heart rate ≥ 110 beats per minute

Patient number: ____________________________ Village: ____________________________
Name: ____________________________________

Sex: Male □ Female □
Age (years): _______ DOB (dd/mm/yy): _______/_____/______

Family Head: ____________________________

**ASSESSMENT**

1. Date: _______/_____/______

2. Acute asthma attack
   Is the patient having an asthma attack now? Yes Y No Y
   If yes go straight to the chart on page 4 of the asthma pocket protocol and take appropriate action now.
   If no, continue below.

3. On how many days over the past month (30 days, 4 weeks) did asthma interfere with normal day time activity or disturb sleep? ______

4. Over the past three months did the patient attend hospital because of an asthma attack and receive a nebuliser or an injection for the attack? Yes Y No Y
   If yes, give the number of occasions ______

5. Do you smoke? Yes Y No Y
   If yes, how often? Daily Y Weekly Y Less than weekly Y

6. Currently on step number: Step #1Y Step #2Y Step #3Y Step #4Y

7. Current medication: ____________________________

8. Impression: ____________________________

9. CONCLUSION (choose one only)

   **Patient is having an acute attack:**
   - Attack is severe*: Refer to hospital (Step 5)
   - Attack not severe and patient has taken 30mg prednisolone for 14 days: Refer to hospital (Step 5)
   - Attack not severe and patient has taken salbutamol for 48 hours: Prescribe patient 30mg prednisolone for 14 days
   - Attack not severe and patient is not taking bronchodilators daily: Prescribe patient salbutamol for 48 hours

   **Patient is not having an acute attack:**
   - 0-5 days affected in the past month: Step down to Step number: ______
   - 6-10 days affected in the past month: Stay on same Step
   - More than 10 days affected in the past month: Step up to Step number: ______

**10. ACTION TO BE TAKEN**

**11. DRUGS PRESCRIBED**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Mg</th>
<th>Times/day</th>
<th>12. DATE OF NEXT APPOINTMENT</th>
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<tbody>
<tr>
<td>Salbutamol tablets</td>
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