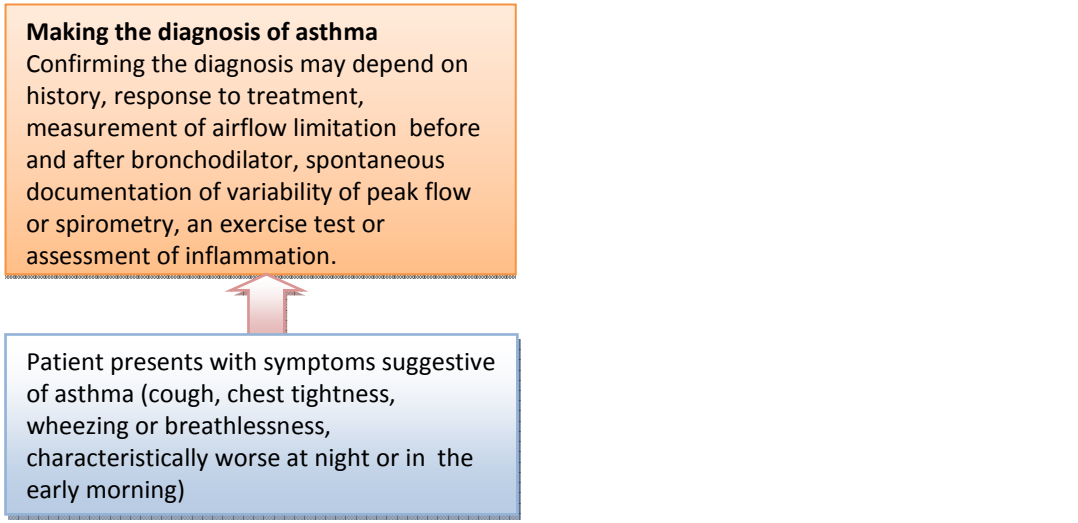
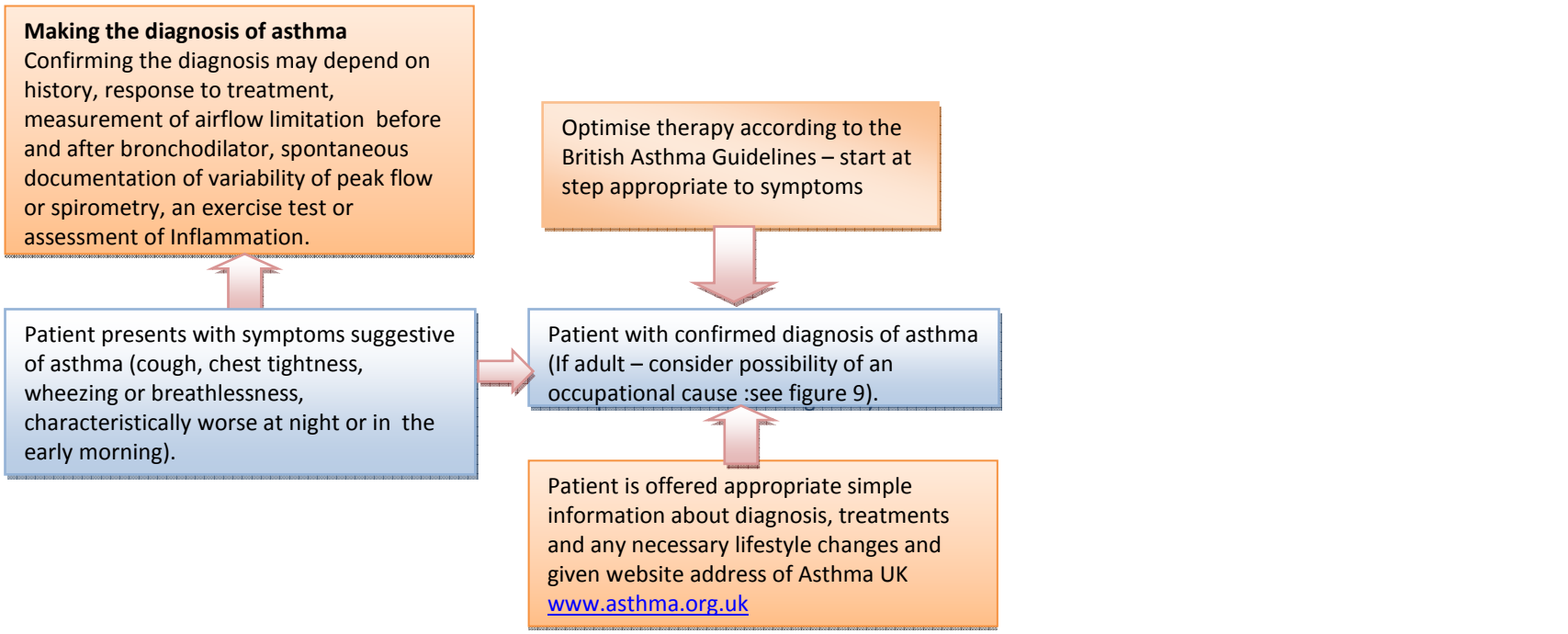
Pathway diagrams – Annex F

Fig 1 Asthma: The patient journey

Asthma is diagnosed



Asthma: The patient journey
Fig 2 Treatment is recommended

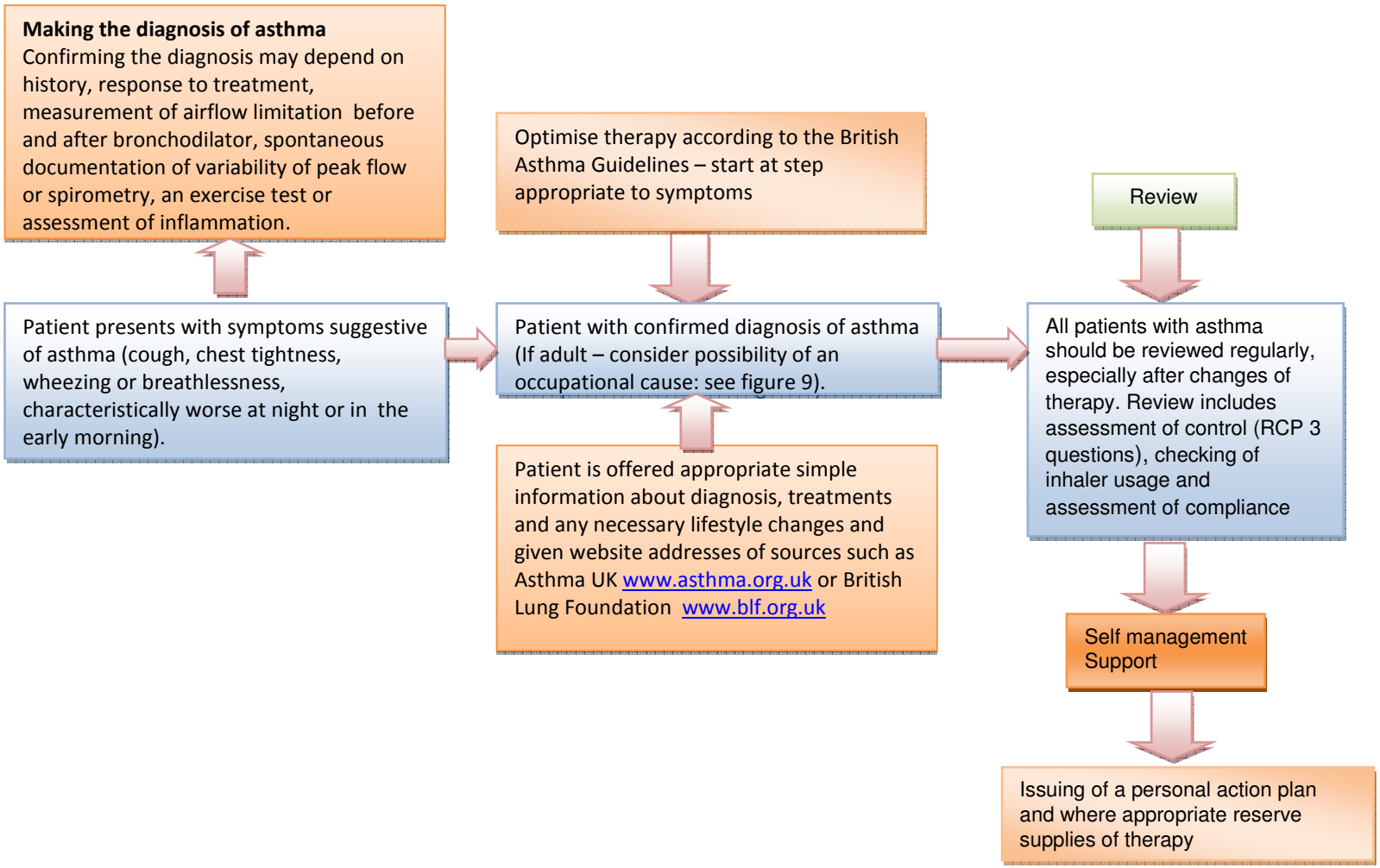


Initial therapy would usually be instituted by the Health Care Practitioner making the diagnosis, with full consideration of the patients wishes, concerns and expectations.

Primary or secondary care

Asthma: The patient journey

Fig 3 Review



Such review maybe offered by primary care physicians, well trained nurses or lay educators or by specialists working in a hospital or an integrated care service.

Majority in Primary Care, a small number in secondary care.

School teachers, nursery assistants and other carers may need to be informed.

Asthma: The patient journey

Fig 4 Further review after treatment change

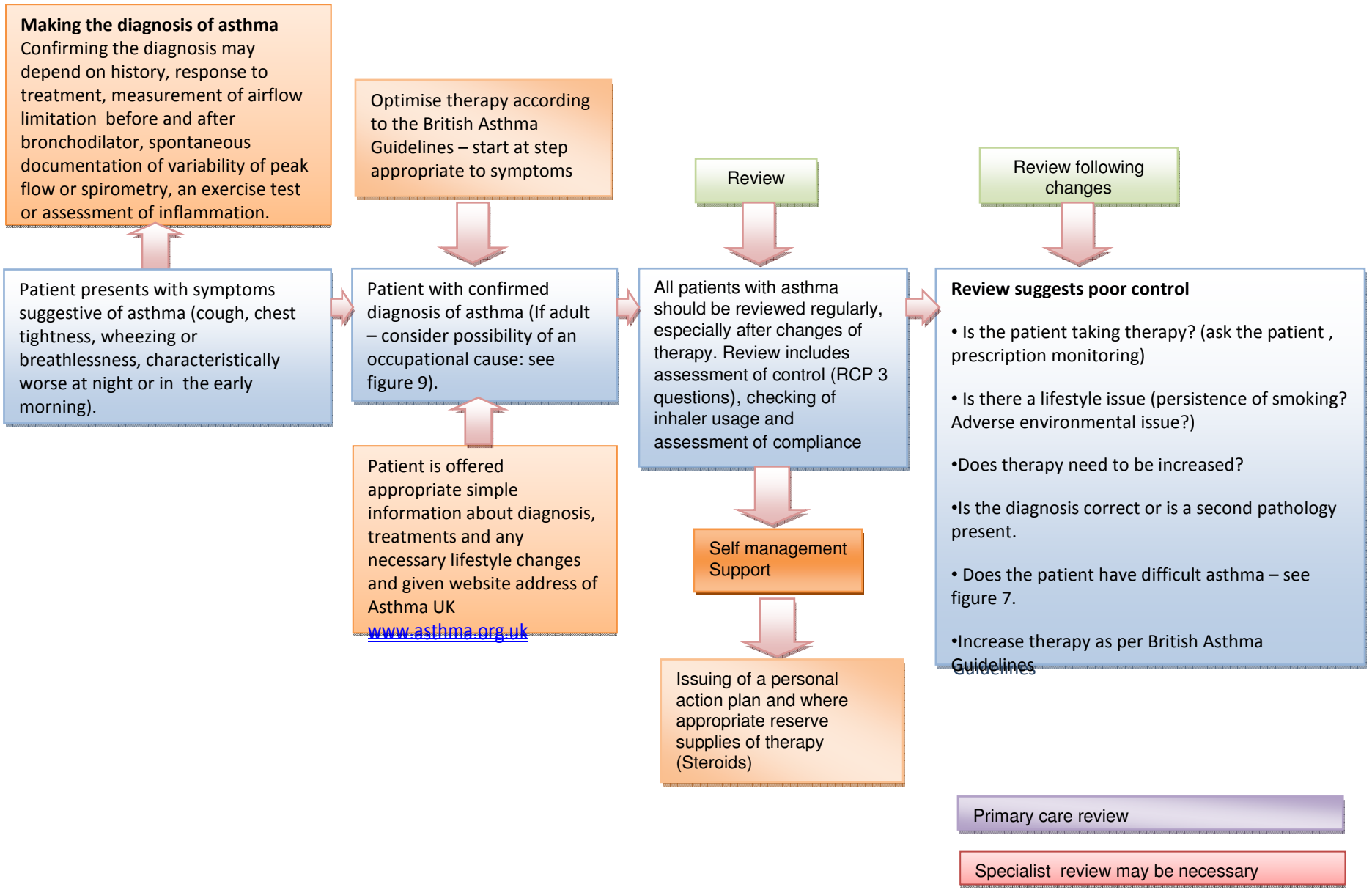


Fig 5 Asthma: The patient journey
Exacerbations of asthma

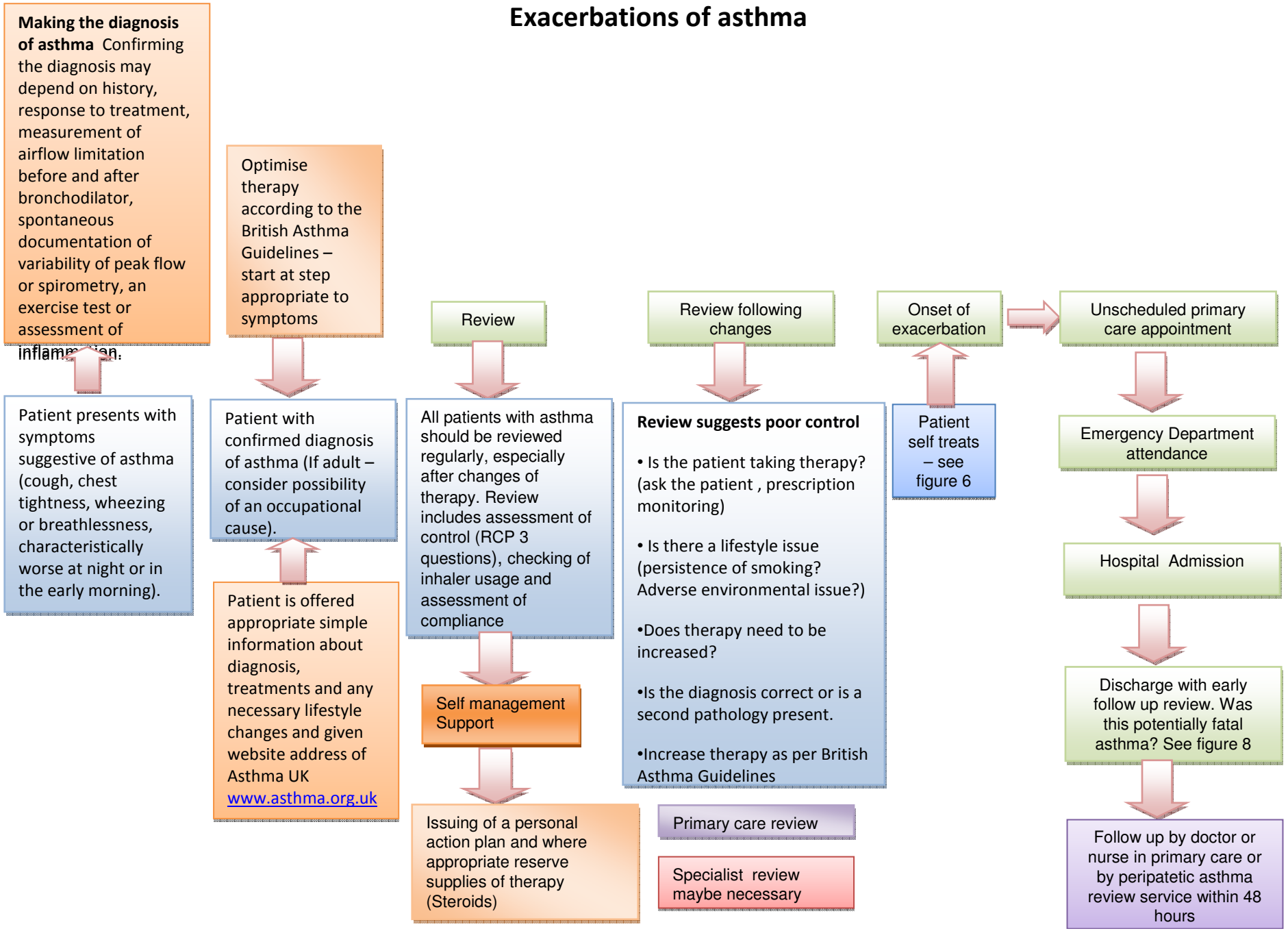
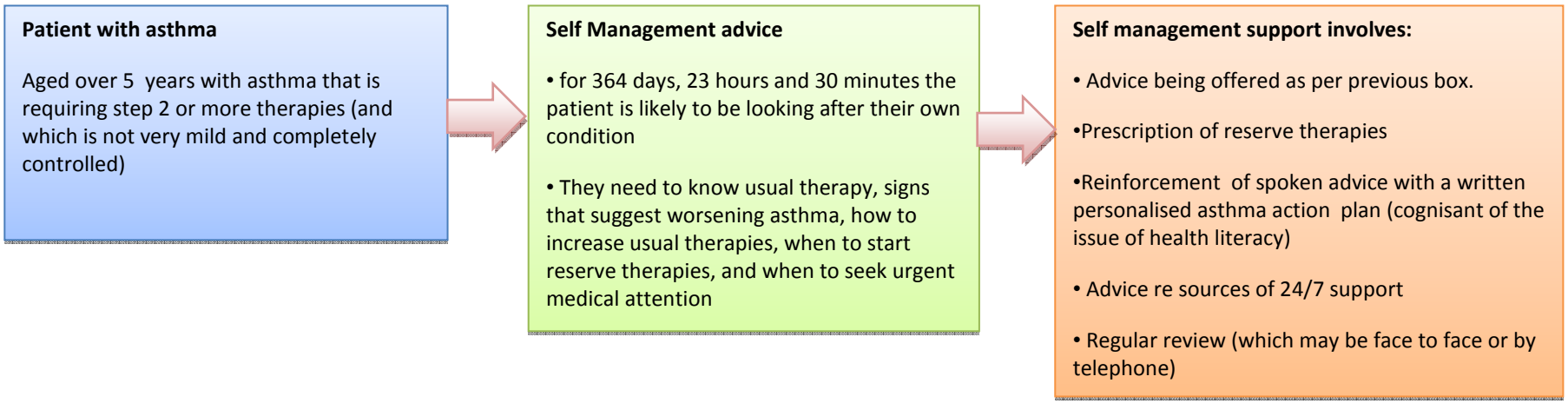


Fig 6 Asthma: The patient journey
Self treatment and self management support

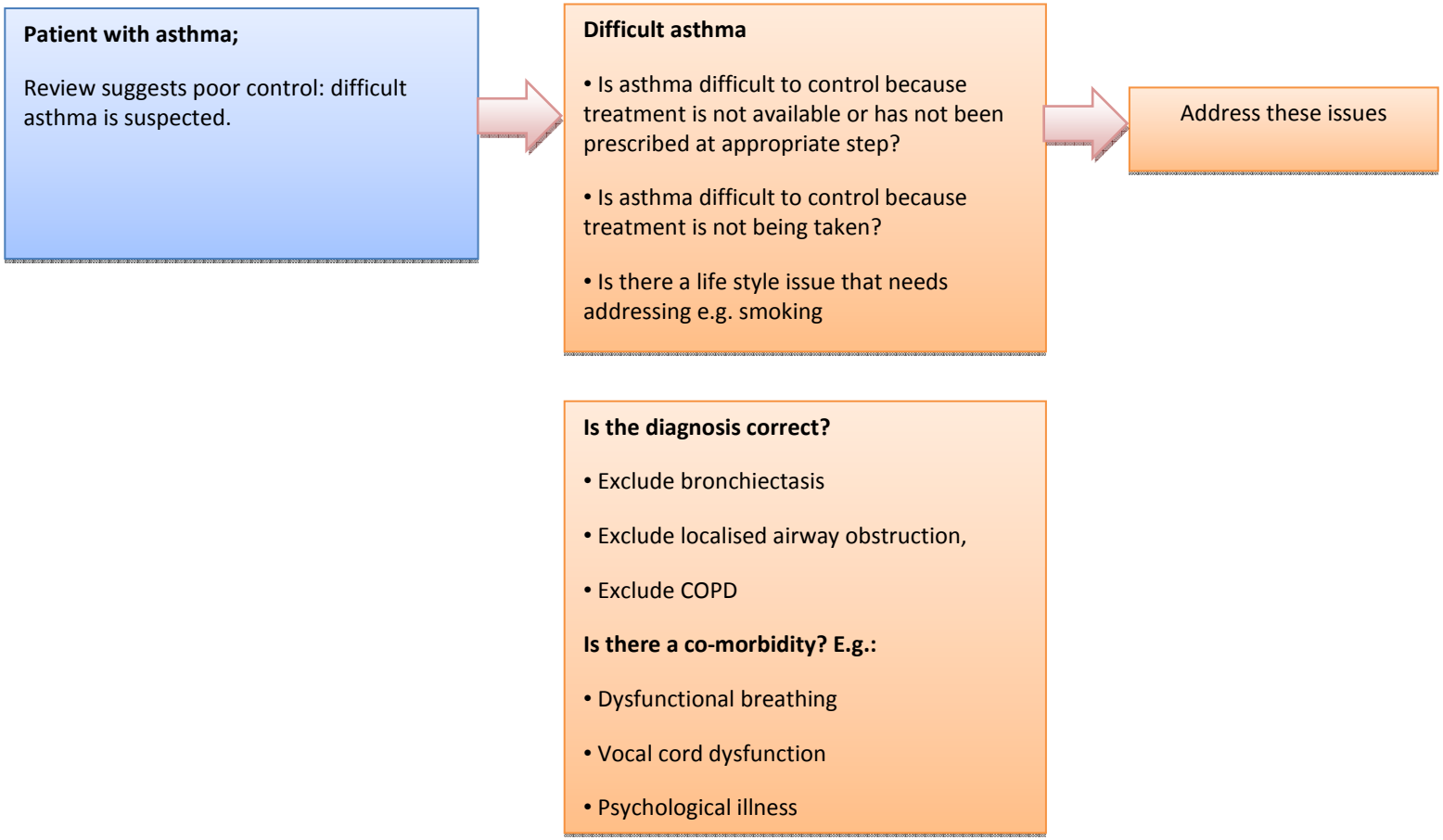


Support given by a knowledgeable health care provider: This may be a specialist respiratory physician, a lay educator , a primary care physician ,or a nurse with a special interest and training.

Primary or secondary care or within an integrated care service (others involved such as teachers, crèche assistants, and care home staff need to be appraised of needs.

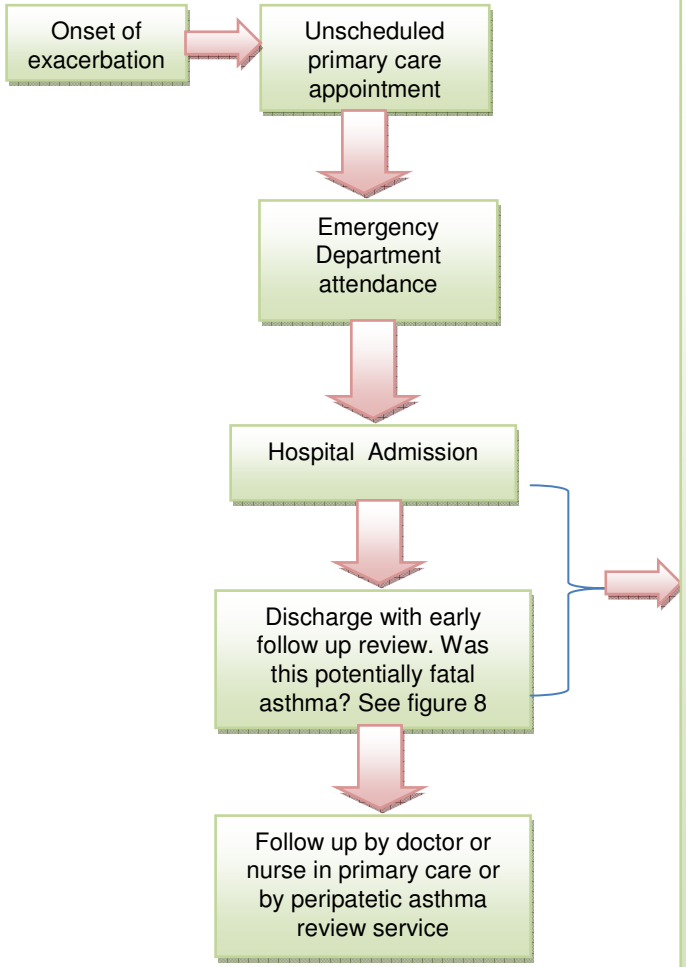
(Others involved such as teachers, crèche assistants, and care home staff need to be appraised of needs)

Fig 7 Asthma: The patient journey
Difficult asthma



Cases of difficult asthma will nearly always need specialist secondary care and may need tertiary referral to a difficult asthma centre. Such patients should be managed with a systematic proforma approach and a multidisciplinary team including specialist nurses, speech therapists, counsellors, psychologists and psychiatrists are likely to be needed.

Fig 8 Asthma: The patient journey
Potentially fatal asthma



Was this potentially fatal asthma?

Potentially fatal asthma is defined by:

- An episode of respiratory failure requiring incubation, or
- respiratory acidosis associated with an attack of asthma not requiring incubation, or
- two or more hospitalisations for asthma despite chronic use of oral steroids, or
- two episodes of pneumothorax (or pneumo-mediastinum) associated with an asthma attack.

Risk factors for potentially fatal asthma need to be addressed and these include:

- Previous near fatal asthma (previous ventilation respiratory acidosis)
- Previous submission for asthma especially if in the last year
- requiring three or more classes or asthma medication
- heavy use of beta 2 agonist
- repeated attendances at emergency departments for asthma care especially if in the last year
- 'brittle' asthma
- non compliance with treatment or monitoring or review
- self discharge
- psychosis, depression or other psychiatric illness
- current or recent major tranquilizer use
- denial
- alcohol or drub abuse
- obesity
- Other stresses

Cases of potentially fatal asthma should remain under life long specialist follow up.

Fig 9 Asthma: The patient journey
Occupational asthma