THE MALAYSIAN THORACIC SOCIETY

SEVERE ASTHMA REFERRAL CHECKLIST

Patient's Name: ____

Contact number: ______________________________

Consider review by a respiratory physician if the patient answers 'yes' to any of the questions:

No	Questions	Yes	No
1.	Has the patient used two or more courses of oral corticosteroids (OCS) / is using maintenance OCS therapy over the past 12 months?		
2.	Has the patient had 2 or more emergency visits/ unscheduled visits due to asthma over the past 12 months?		
3.	Has the patient ever been intubated/admitted to ICU for asthma?		
4.	Has the patient used more than 3 canisters of SABA (short-acting beta2-agonist) inhalers in the past 12 months?		

Version 1 (April 2022)

SEVERE ASTHMA PATIENT REFERRAL FORM

1. Patient Demographics

Name: ______________________________ Age: ____ Sex: _____

Phone No. : ______________________

Source of referral: ☐ Klinik Kesihatan _______________ ☐ Hospital _________________

☐ Klinik _________________________

Best peak expiratory flow rate recorded, with date of test (if available): _____________________

2. Asthma Diagnosis

a) Is the asthma diagnosis confirmed? ☐ Yes ☐ No

b) Symptoms suggestive of asthma:

Symptom	Yes	No
Wheeze		
Shortness of breath		
Chest tightness		
Cough		

c) Duration of asthma diagnosis: ________ years

d) Spirometry conducted? ☐ Yes ☐ No

If yes, please attach the latest result.

e) Any drug allergy? ☐ Yes ☐ No

If Yes, please specify: ____

f) Exacerbation history:

Experienced ______ exacerbation episodes in the past 12 months..

**severity of exacerbations: moderate to severe*

g) List of co-morbidities

1. ____
2. ____
3. ____
4. ____
5. ____

**Attach the list of medications received for co-morbidities*

3. Previous Investigations

Documented excessive variability in lung function. (One or more tests below)

Test	Yes	No
Positive Bronchodilator reversibility test (Adults: Increase in FEV_1 of >12% and > 200 ml from baseline)		
Excessive variability in twice daily PEF over 2 week. (Adults: diurnal variability of >10%)		
Excessive variation in lung function between visits (Adults: Variation in FEV_1 of >12% and >200 ml between visits (outside respiratory infection)		

4. Additional Test Conducted

a) Recent Chest X-Ray: ☐ Yes ☐ No *If yes, date of chest x-ray:* _____________

b) Blood eosinophils count (highest value recorded): _____________

The patient was on OCS during the investigation ☐ Yes ☐ No ☐ Unsure

5. Medication List

a) Has the patient been on a combination therapy of medium-high dose ICS-LABA? ☐ Yes ☐ No

> ***Note:*** If "No", it is recommended to start with combination therapy first (if medicine access is not an issue), if "Yes" and still having exacerbations, consider for referral.

b) Current Medication List for Asthma *(check as applicable)*

	Medication Name	Dosage
☐	Budesonide/formoterol	
☐	Beclomethasone/formoterol	
☐	Fluticasone propionate/formoterol fumarate	
☐	Salbutamol	
☐	Terbutaline	
☐	Tiotropium	
☐	Glycopyrronium	
☐	Oral corticosteroids	
	How many bursts of OCS in the last 12 months?	
☐	Others, please specify (with respective dosage):	

____

6. Inhaler Technique

a) Inhaler Technique *(check as applicable)*

	Yes
• Satisfactory	☐
• Unsatisfactory	☐
• Does the patient require a spacer?	☐

This referral form has been developed by Dr Azlina Samsudin, Dr Lee Chiou Perng, Prof. Dr Ching Siew Mooi & Dr Norlizah Paidi.

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The content of this guide is based upon the 2021 Global Strategy for Asthma Management and Prevention report - https://ginasthma.org