



# Asthma Care Fax



Pharmacy: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Attention: \_\_\_\_\_  
Healthcare Provider

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Date Year

Patient: \_\_\_\_\_  
Last Name, First Name

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Date Year

Based on my evaluation of the above patient, I have noticed excessive use of the following beta<sub>2</sub>-agonist(s) \_\_\_\_\_ at a rate of \_\_\_\_\_ inhaler(s) per 90 days. Upon the patient's visit to the pharmacy, I evaluated his/her inhaler technique and adherence to prescribed controller medication regimen.

Patient is currently taking: \_\_\_\_\_

- |                                                                                                      |                                                                              |
|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> Proper Technique                                                            | <input type="checkbox"/> Improper Technique                                  |
| <input type="checkbox"/> Appropriate Adherence (to Controller Medications)                           | <input type="checkbox"/> Inappropriate Adherence (to Controller Medications) |
| <input type="checkbox"/> Patient not available for evaluation - Please consider review at next visit | <input type="checkbox"/> Patient gets Rx's at multiple pharmacies            |

## National Asthma Guidelines:

	<i>Days with Symptoms</i>	<i>Nights with Symptoms</i>	<i>Medications Required to Maintain Long-Term Care (Preferred Treatment)</i>
<i>Severe Persistent</i>	Continuous	Frequent	High-dose inhaled corticosteroids & Long-acting inhaled beta <sub>2</sub> -agonist
<i>Moderate Persistent</i>	Daily	≥ 5 per month	Low to Medium dose inhaled corticosteroid & long acting inhaled beta <sub>2</sub> -agonist
<i>Mild Persistent</i>	>2 per week but < 1x per day	>2 per month	Low-dose inhaled corticosteroid
<i>Mild Intermittent</i>	≤ 2 per week	≤ 2 per month	No daily medication needed

Source: (National Institutes of Health, 2002)

- Based on guidelines from the National Institute of Health (NIH), I recommend that a step up in asthma therapy be implemented.
- I recognize that the patient's improper inhaler technique and/or poor adherence to controller medication(s) may be contributing to excessive use of short-acting beta<sub>2</sub> agonists. Therefore, no recommendations at this time--information provided for your reference.

\_\_\_\_\_  
(RPh. Signature)

**Healthcare Provider Response:** Please choose one the following and fax back to ( ) -

- Recommendation accepted – staff will contact pharmacy with new Rx
- Recommendation not accepted – Reason: \_\_\_\_\_
- I will have staff call and schedule an appointment with patient
- I will address your concerns at the patient's next scheduled visit on: \_\_\_\_\_
- Thank you for your input, but no change in therapy at this time
- Comments: \_\_\_\_\_

\_\_\_\_\_  
(Provider Signature)