

# Cheshire & Merseyside Respiratory Clinical Network 12+ Asthma patient pathway

## Primary Care

## Specialist Care

## Severe Asthma Service

### Suspected Asthma

- History and Examination Suggestive of Asthma
- Arrange diagnostic tests in line with **national guidance**
- Consider peak flow diary and starting PRN ICS/formoterol if delay in diagnostics expected
- If applicable:
  - Refer to Stop smoking Services
  - Refer to Weight Management Services

[Link to NICE Asthma Guidelines](#)

\*Also consider referral to community pharmacy for the New Medicines Service including technique check

### Prioritise review for High Risk Patients

#### Annual Asthma Review (including):

- Review Personalised Asthma Action Plan (written or app)
- Review (and correct if necessary) inhaler technique\*
- Assess and discuss adherence
- Consider other factors that may impact on symptoms including smoking, mental health disease, physical activity, housing situation and environmental factors

[Link to Asthma and Lung UK Asthma Action Plan template](#)

[Link to Breathing Point](#)  
Check local pages for information on available support

[Link to Asthma Action Plan App](#)

Is the diagnosis of asthma confirmed?

No

Yes

Is asthma still clinically suspected?

Yes

No

Start treatment for asthma and refer to specialist service

Referral to local asthma specialist service  
Treat and Assess

- Diagnostic confirmation with phenotyping
- Additional investigations
- Optimise treatment and address co-morbidity
- Liaise with severe asthma service

- Clinically optimise/initiate treatment in line with **C&M 12+ Asthma Treatment Guidelines**

[Link to C&M 12+ Asthma Treatment Guidelines](#)

- Ensure correct inhaler technique\*
- Complete Personalised Asthma Action Plans
- Patient education

[Link to Asthma | Asthma + Lung UK \(asthmaandlung.org.uk\)](#)

Can alternative diagnosis be made?

No

Yes

Follow appropriate disease pathway

Confirmed Asthma diagnosis?

No

Explore other diagnosis

Yes

Optimise in line with **C&M 12+ Asthma Treatment Guidelines**

[Link to C&M 12+ Asthma Treatment Guidelines](#)

Referral to Severe Asthma Service

Review after initial treatment.  
*Is the patient poorly controlled?*

No

Yes

Optimise in line with **C&M 12+ Asthma Treatment Guidelines**

[Link to C&M 12+ Asthma Treatment Guidelines](#)

Patient Review  
Does the patient remain poorly controlled?

Yes

No

Refer to specialist care if poorly controlled despite Optimisation as per C&M Guidelines and review x2 or patient has had an ITU admission for an asthma attack.

Asthma Attack/  
Hospitalisation

Patient Review  
Is the patient's condition stable?

Yes

Refer to Primary Care for continued monitoring

No

Liaise with Severe Asthma Service – is the patient optimised/controlled?

No

Is the patient poorly controlled?  
i.e. overuse of reliever inhaler, multiple use of OCS, excessive admissions

No

Continue annual asthma reviews

No

Has the patient had two or more OCS in the past year?

Yes