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## High Risk Checklist for Asthma

### Patients on Triple Therapy (ICS, LTRAs, LABAs)

- History of respiratory arrest and/or intubation
- History of seizures secondary to hypoxic episode(s) with asthma
- History of two or more hospitalizations in past year
- Two or more Emergency Room visits within six months, with no record of follow-up by PCP
- Extremely labile airways - History of rapid, severe drop in peak flow from normal
- Poor or no follow-up with Primary Care Physician (PCP) and/or allergist or pulmonary specialist
- Delay seeking medical help until asthma has progressed to severe condition (or patient comes for treatment with peak flow in red zone and no M.D. consent)
- Overuse of bronchodilator inhalers (> 1-2 refills/30 days)
- Inconsistent use of maintenance medications, or self-medicating with oral corticosteroids
- History of conflict with health care provider
- Recent depression, intense family conflict, or severe psychological stress (or positive depression screen)

Note: Even one of the \* factors indicates need for rapid referral to Allergy & Asthma or Pulmonology - individual is considered at risk for emergency room visits, hospitalizations, or even death. Three or more of the factors indicate high risk status also; patient should receive rapid referral to Allergy & Asthma or Pulmonology Department. Patients who require chronic oral corticosteroids and/or have a history of past emergency room visits or have been hospitalized for asthma should be evaluated in Allergy and Asthma Department or Pulmonology, even if not considered high risk by above criteria. These referrals can be routine.

Prior to discharge, give patient Allergy & Asthma Department phone numbers for appointments.

If patient is considered high risk, enter information into computer referral system, and note "high risk" under comments. Advise patient to arrange for evaluation appointment at once, even if no primary care provider has been identified at this time. Fax a copy of this sheet to the Allergy or Pulmonology Department, as appropriate. If there is no PCP, ask patient to call Allergy or Pulmonology before 10 AM the next day that the clinic is open.

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Signature of referring health professional

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_