Central Adelaide Respiratory and Sleep (Thoracic) Medicine Service
Clinical Information Sheet

<table>
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<th>Clinical Condition</th>
<th>Complex asthma</th>
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| Eligibility | 1. Diagnosed asthma (airflow obstruction with acute bronchodilator response; FEV1 variability over time)  
2. Prescribed, and adherent to, maximal inhaled therapy  
3. Ongoing poor asthma control – persistent symptoms; frequent and/or life-threatening exacerbations or hospitalisations; persistent airflow obstruction. |
| Priority | Acute exacerbation or respiratory failure: Mon-Fri, 9-5: must be discussed with the Thoracic Registrar via switchboard 8222 4000 (RAH) or 8222 6000 (TQEH) for appropriate prioritisation and then fax referral to 08 8222 5398 (RAH) or 8222 7244 (TQEH).  
After hours: Thoracic Registrar or medical registrar on call via switchboard. |
| Information required with referral | History:  
• Recognition of severity is important  
• Duration and severity of symptoms: Breathlessness, chest tightness, wheezing and cough  
• Current treatments: inhaled steroids; inhaled bronchodilators; systemic treatments  
• Assessment of adherence  
• Past treatments that have been used  
• Usual and current PEFR  
Other medical and allied health practitioners the patient has seen concerning this problem.  
Exam:  
• Respiratory distress (SaO2 if available)  
• Auscultatory findings: Wheeze/ crackles |
| Investigations required with referral | If available, previous spirometry (can be arranged with referral)  
If available: Other tests confirming diagnosis of asthma |
| Pre-Referral management strategies (information required with referral) | Confirm diagnosis with spirometry.  
Optimise usual asthma therapy as per National Asthma Campaign guidelines – including assessment of device technique.  
Implement asthma management plan as per TSANZ guidelines below. |
| Discharge Criteria/information | Once condition stabilised, and asthma management plan implemented, discharge to care of GP. Some patients may require long term follow-up (oral corticosteroid dependent, requirement for novel therapies). |