

SGH Severe Asthma Checklist

Aims	Assessment	Initial Visit	Follow-up Visits	Personnel Involved
1. Confirm Diagnosis	Compatible history and objective evidence of variable airflow obstruction	√		Pulmonologist, pulmonary function lab
2. Assess asthma control	<ul style="list-style-type: none"> Asthma Control Test (ACT) GINA Score Exacerbations Oral steroid prescription 	√	√	Pulmonologist, Pharmacist, Asthma nurse
3. Optimise treatment and self-management skills	<ul style="list-style-type: none"> Check inhaler device technique Adherence Disease knowledge Self-monitoring Written asthma action plan (includes daily management and how to handle worsening symptoms) 	√	√	Asthma nurse, Pharmacist
4. Identify and manage asthma triggers	<ul style="list-style-type: none"> Allergen advice and avoidance strategies Tobacco smoking cessation Occupational exposure Vaccinations 	√	√	Pulmonologist, Asthma nurse
5. Identify and address relevant comorbidities	<ul style="list-style-type: none"> Allergic rhinitis Chronic Rhinosinusitis with or without nasal polyps (CRSwNP or CRSsNP) Gastro Oesophageal Reflux Disease (GERD) Vocal cord dysfunction (VCD) Obesity Obstructive Sleep Apnea (OSA) Anxiety Depression Dysfunctional breathing COPD Bronchiectasis 	√	√	Pulmonologist, ENT specialist, Gastroenterologist, Psychologist, Physiotherapist, Speech Therapist, Asthma nurse
6. Screening and management of steroid-related complications	<ul style="list-style-type: none"> Diabetes mellitus Osteoporosis Immunosuppression Cardiovascular Adrenal insufficiency 		√	Pulmonologist, pharmacist, endocrinologist
7. Phenotype asthma	<ul style="list-style-type: none"> Eosinophilic Allergic Mixed eosinophilic and allergic Non-Type 2 (paucigranulocytic, neutrophilic) 	√		Pulmonologist, pulmonary function lab, Pathology
8. Personalised treatment plan for patient	Shared-decision between healthcare providers and patient based on multidisciplinary assessment	√	√	Pulmonologist, Asthma nurse, Pharmacist