

**Asthma Discharge Bundle**

abc

**1. All patients should have their inhaler technique assessed prior to discharge**

Signature/date

- Inhaler technique checked Yes  No
- Inhaler use instruction provided Yes  No

**2. Review patient's medications**

- Medication Classes reviewed Yes  No
- Doses reviewed Yes  No
- Importance of adhering to preventer Medication discussed Yes  No

**3. Asthma action plan provided**

- Yes  No
- Already has a plan

**4. Triggering and Exacerbating Factors**

- NSAID's Yes  No  Uncertain  N/A
- Smoke exposure in the home Yes  No  Uncertain  N/A
- Occupational Yes  No  N/A
- Other Yes  No

**5. Assess and offer referral for smoking cessation**

- Patient smokes: Yes  Ex-smoker  Never smoked
- Referral made: Yes  No  Declined

**6. Subsequent Care:**

- Community F/U arranged or advised within 2 days of discharge Yes  No
- Specialist F/U arranged within 4 weeks of discharge Yes  No

**7. Housing:**

- Household damp/mould/other causing a problem Yes  No
- Use of aerosols causing a problem Yes  No
- Allergic to house/dust mites Yes  No
- Advice given Yes  No

**Asthma Discharge Bundle**

abc

**1. All patients should have their inhaler technique assessed prior to discharge**

Signature/date

- Inhaler technique checked Yes  No
- Inhaler use instruction provided Yes  No

**2. Review patient's medications**

- Medication Classes reviewed Yes  No
- Doses reviewed Yes  No
- Importance of adhering to preventer Medication discussed Yes  No

**3. Asthma action plan provided**

- Yes  No
- Already has a plan

**4. Triggering and Exacerbating Factors**

- NSAID's Yes  No  Uncertain  N/A
- Smoke exposure in the home Yes  No  Uncertain  N/A
- Occupational Yes  No  N/A
- Other Yes  No

**5. Assess and offer referral for smoking cessation**

- Patient smokes: Yes  Ex-smoker  Never smoked
- Referral made: Yes  No  Declined

**6. Subsequent Care:**

- Community F/U arranged or advised within 2 days of discharge Yes  No
- Specialist F/U arranged within 4 weeks of discharge Yes  No

**7. Housing:**

- Household damp/mould/other causing a problem Yes  No
- Use of aerosols causing a problem Yes  No
- Allergic to house/dust mites Yes  No
- Advice given Yes  No