Getting the diagnosis right for patients on the Asthma register

Fixing the Asthma Register

PROJECT OVERVIEW

STEP 1

Invite all patients without evidence of variability currently on the asthma register (gathered in part one).

STEP 2

Perform a test to support the patient's asthma diagnosis or continue investigations and code appropriately.

MORE DETAILS

STEP 1 - INVITE PATIENTS FOR A DIAGNOSTIC REVIEW

Identify every patient on your Asthma register by running a search. The recommended codes for the diagnosis of Asthma is:
• Read code: H33
• SNOMED code: 195967001

There will be variation between registers.

STEP 2 - PERFORM A TEST TO SUPPORT THE PATIENT'S DIAGNOSIS

Start by undertaking a structured clinical assessment to assess the probability of asthma. This should be based on:

• A history of recurrent episodes (attacks) of symptoms, ideally corroborated by variable peak flows when symptomatic and asymptomatic
• Symptoms of wheeze, cough, breathlessness and chest tightness that vary over time
• Recorded observation of wheeze heard by a healthcare professional
• Personal/family history of other atopic conditions (in particular, atopic eczema/ dermatitis, allergic rhinitis)
• No symptoms/signs to suggest alternative diagnoses

The next step is to ask the patient to complete a two week Peak Flow Diary, taking one measurement in the morning and one measurement in the evening, and recording the results. This record can be a paper diary, or you can advise your patient to download the Asthmahub or Asthmahub for parents app, with an in-built peak flow diary.

Once the patient returns the PEF diary, record these results in the patient's notes with the correct code for a peak flow diary:
• Read Code: 66YY
• Or SNOMED code: 401011001

Check the Peak Flow Diary for evidence of "dips"; if there are "dips" in the peak flow measurement of more than 20%, the diagnosis of Asthma has been confirmed. Make sure the diagnostic code reflects this:
• Read Code: H33
• SNOMED Code: 195967001

For those patients who did not experience significant "dips" in their Peak Flow measurement, try an alternative diagnostic test:
• Spirometry
• Spirometry with reversibility
• Peak flow with reversibility
• Fractional exhaled nitric oxide

Of course, some patients will be stable on their medication and will not show evidence of objective variability for this reason. Click through the scenarios below for more details.

Scenario 1 – high probability, supported by test results

If you there is a high probability of Asthma following a structured clinical review and the patient demonstrates variable airflow obstruction, you have confirmed the diagnosis of Asthma and should continue managing their asthma.

Make sure the diagnostic code reflects this:
• Read Code: H33
• SNOMED Code: 195967001

Scenario 2 – high probability, but test results are inconclusive

If you there is a high probability of Asthma following a structured clinical review but the patient does not demonstrate variable airflow obstruction, continue managing the patient according to the Asthma Management Plan.

Remember, tests influence the probability of asthma but do not prove a diagnosis.

Scenario 3 – low probability, and test results are inconclusive

If there is a low probability of asthma and/or an alternative diagnosis is more likely, investigate for the alternative diagnosis, reconsidering asthma if the clinical picture changes or an alternative diagnosis is not confirmed. If reconsidering asthma, undertake or refer for further tests to investigate for a diagnosis of asthma.