

# Asthma in the context of COVID-19

A guide for Southwark General Practice<sup>©</sup>

## Key messages

1. There is no change in the management of asthma during the Covid-19 pandemic
2. Covid-19 infection can trigger an asthma exacerbation
3. Have a low threshold for a face-to-face assessment of asthmatic patients presenting with increased breathlessness

<http://www.clinicaleffectivenesssouthwark.co.uk/resources/>

Always work within your knowledge and competency

November 2020 (review within 6 months)

### ACUTE ASTHMA

Use [CES asthma guide](#)/ CES EMIS template and/or Southwark Suspected COVID template.

Guidance on the use of corticosteroids in asthma has not changed as a result of the Cv-19 pandemic. An exacerbation of asthma and Cv-19 infection can both present with cough and breathlessness. Cv-19 may trigger asthma attack giving a mixed presentation. Consider alternative diagnoses of acute breathlessness – e.g. PE or pneumonia.

NHS111 symptom checker questions are helpful:

Are you so breathless that you are unable to speak more than a few words?

Are you breathing harder and faster than usual when doing nothing at all?

Are you so ill that you've stopped doing all of your usual daily activities?

Telephone consultation for asthma management is best supplemented with a video consultation, If relying on telephone consultation alone have a low threshold for a face to face contact.

Prescribe a PEFr meter and use video consult to check PEFr technique.

Arrange delivery of [oxygen sats monitor if COVID-19 silent hypoxia is suspected](#)

Asthma: Typical presentation	Covid-19: Typical presentation
Wheeze Relieved with inhaler Diurnal variation No fever Reduced PEFr	Contact with suspected case Fever Dry, continuous cough Dyspnoea 4 – 8 days into illness Flu like symptoms Not relieved with inhaler

### ASTHMA REVIEW

Use [CES Asthma guide](#) and CES EMIS template

**Prioritise your patients for review**, phase 1 or 2 depending on readiness of your team:

**Phase 1** prioritisation: [CES Top Priority search for patients with high salbutamol use](#)

**Phase 2** prioritisation: [UCLP searches](#) including ethnicity and co-morbidity: divides patients into:

- High risk: review by senior clinician: GP or Advanced Nurse Practitioner
- Medium risk: review by other clinician: Practice Nurse, Pharmacist or Physician Assistant
- Low risk: review by trained non-clinician e.g. Health Care Assistant or SPLW

Find searches on EMIS: Southwark CCG Enterprise searches. COVID Recovery Plan: UCLP-CEG searches. Clinical Effectiveness Southwark: Top Priority searches

Pre-consultation ask patients to complete either:

Accurx Asthma review – includes Asthma Control Test and response can be downloaded/coded into patient notes

E-Consult asthma review – more detailed questions, needs manual entry into patient record

Remote by default -telephone consultations are best supplemented with a video consultation, especially for PEFr assessment.

Search the [Asthma UK website](#) for videos to support inhaler and PEFr technique

[SEL Primary Care Respiratory Diagnosis during COVID-19:](#)

[Interim guidance whilst diagnostic spirometry and FeNO are unavailable](#)