

Clinical Eligibility Policy: Acute Asthma in Adults

Please Note:

This is NOT intended as a Clinical Guideline for management of Asthma in Primary Care

Remember that patients MUST be able to be managed SAFELY in the community in order to be eligible for POAC funding.

In general the initial management of acute asthma can be safely undertaken in the General Practice setting. A case becomes eligible for POAC funding only if the patient fails to respond to an initial trial of therapy.

For the purposes of assessing eligibility for POAC funding:

1. The minimum trial of therapy is considered to consist of:
 - an initial clinical assessment and
 - 2 nebuliser/spacer therapies 10-15 minutes apart and
 - oral prednisone if indicated
2. Failure to respond is considered to be:
 - **PEFR or FEV1 33-70% predicted/best 15 minutes after the above minimum trial of therapy.**

| Assessment of patient AFTER standard general practice treatment | |
|---|--|
| PEFR or FEV1 | POAC Eligibility |
| < 33% of Predicted/Best | Not Eligible for POAC funding for safety reasons. Immediate Hospital Referral is recommended |
| 33-70% of Predicted/Best | Eligible for POAC funding (Initial Management not eligible for POAC funding) |
| > 70% of Predicted/Best | Not Eligible for POAC funding as manageable in General Practice |



Mandatory information for POAC claiming (all this information should routinely be documented in the patient's clinical record):

- a. Degree of respiratory distress, Respiratory rate, Pulse rate, PEFR or FEV1 at initial presentation, after standard general practice treatment and after each subsequent intervention
- b. Patients predicted/best PEFR
- c. Standard general practice treatment administered.
- d. Discharge management plan including planned follow up

Claims submitted without **all** mandatory information will be declined.

Under exceptional circumstances a case may be eligible for POAC funding outside of these criteria. In order for such a case to be accepted the claimant must either

- Obtain approval from the Clinical Director or
- Supply sufficient clinical information to enable the Clinical Governance Committee to confirm that a hospital referral was indicated and that patient safety was not compromised.

PATIENT SAFETY: Not negotiable