

Asthma case answers:

- Q1.** URTI, allergen, poor compliance, poor inhaler technique (ibuprofen for myalgia)
- Q2.** Sputum results and sensitivities if available, PEFr chart
- Q3.** IV steroids (hydrocortisone), nebulised salbutamol
- Q4.** Take a history - could be to antibiotic or theophylline – 10 mg/kg high end dose – could be toxic - ? levels
- Q5.**
- Inhaler technique
 - ‘Relievers’ and ‘preventers’
 - Multiple inhalers – order of inhalation
 - If beclomethasone – how to avoid adverse reactions
 - Understands written asthma action plan if given one

Supplementary question/s:

If theophylline treatment changed to salmeterol/fluticasone counselling?

If microbiology had come back sensitive for erythromycin comment on its use

Learning objectives:

- Management of asthma acute and chronic
- Familiarity with relevant investigations and results
- Importance of following local guidelines for any ID (resistance, compliance)
- Awareness of interactions/adverse effects of theophylline
- Counselling points for asthma

Student resources:

- BNF or AMH
- <http://www.nationalasthma.org.au/how-to-videos/using-your-inhaler>
- <http://www.nationalasthma.org.au/health-professionals/asthma-action-plans>
- Clinical Pharmacist June 2012 203-214

Tutor resources:

- BNF or AMH
- Clinical Pharmacist June 2012 203-214
- Australian Prescriber June 2012 78-81
- <http://www.sign.ac.uk/guidelines/fulltext/101/index.html>