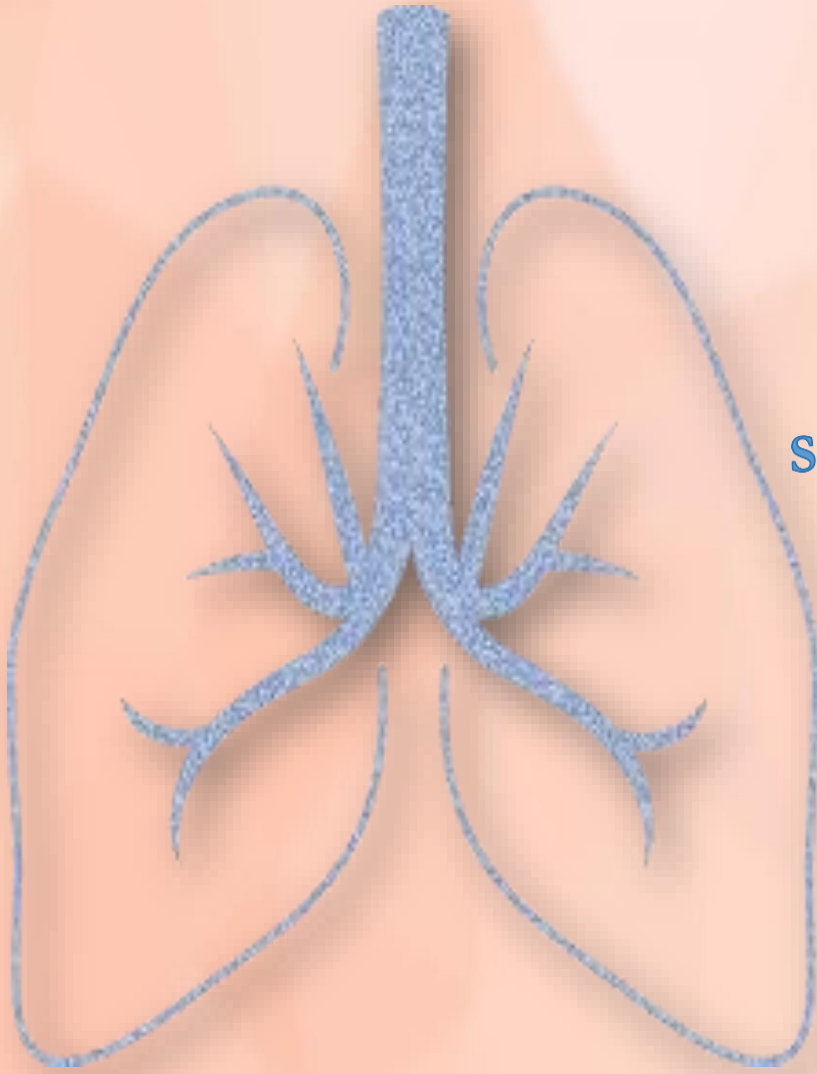




Directorate General of Primary Health Care
Department of Non-Communicable Diseases
Ministry of Health



Asthma clinic

Standard operating procedures

2ND EDITION

دائرة الأمراض غير المعدية
Department of Non-Communicable Diseases





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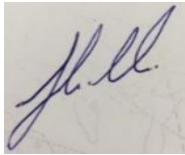




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We would like to thank the following individuals who had helped in updating and reviewing this document in July 2020:

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Acronyms:

ACT	Asthma Control Test
GINA	Global Initiative for Asthma
MOIC	Medical Officer In-Charge
NCD	Non-Communicable Disease
ORS	Oman Respiratory Society
PHC	Primary Health Care
SMS	Short Message Service



Asthma Clinic Standard Operating Procedure

1. Introduction

In order to ensure the successful integration of the management of asthma care in Primary Health Care (PHC), the chronic respiratory disease program in the department of non-communicable disease found it crucial to develop this standard operating procedure that define the role and the proper function of the asthma clinics in PHC. This document was first developed in 2017 by Department of Non-Communicable Diseases under the Directorate General of Primary Health Care and reviewed by the many teams who are directly involved in the running of asthma clinics in PHC across the country. This document has now been updated and revised by the department of NCD and the asthma clinic focal points and NCD heads of sections in the governorates.

2. Purpose

The purpose of this standard operating procedure is to:

- 2.1 Ensure that all asthma clinics follow a standard mechanism in running the clinic.
- 2.2 Ensure that all team members of the clinic are aware of their roles and responsibilities.
- 2.3 Ensure that all asthma patients (adult & children) presenting to the PHC facility will be asked to attend appointments in the asthma clinic and will receive appropriate and timely treatment.

3. Definitions

- 3.1 **Asthma Action Plan:** Is a written plan that is set by the treating doctor and is kept with the patient. It alerts the patient to worsening asthma symptoms and the actions to take if they suffer from any.
- 3.2 **Asthma clinic register:** A manual form with patient details that are used to keep patient's data with regards to their current peak flow rates, level of control, spirometry results and demographic data.
- 3.3 **Asthma control tests:** A self-administered questionnaire consisting of 5 items that assesses the patient's level of control over a 4-week period.
- 3.4 **Disposable mouthpieces:** Small cardboard pieces used with peak flow meters and are single use items (i.e. should be disposed of after use).



- 3.5 Focal Point:** The person responsible of coordination of activities or tasks amongst a group or a network.
- 3.6 Nebulizer:** A device that can convert a liquid into aerosol droplets suitable for patient inhalation.
- 3.7 Nebulizer therapy:** A device that can convert a liquid into aerosol droplets suitable for patient inhalation.
- 3.8 Patient follow up booklets:** A small booklet provided to patients in the clinic where medications, next follow up appointments and current results of tests are recorded in it. Follow up booklets are used by the asthma clinic team members and patients as reference.
- 3.9 Peak Flow meters:** A small calibrated portable device that measures the lung function by expelling air through the device. Used in monitoring diseases such as asthma.
- 3.10 Spacers:** A clear plastic container with a mouthpiece at one end and a hole for the metered dose inhaler at the other end. Spacers assist in delivering the medications into the lungs.
- 3.11 Telemedicine:** the remote diagnosis and treatment of patients by means of telecommunications technology (audio or visual).
- 3.12 Virtual clinic:** a virtual clinic is a planned contact by healthcare professional responsible for care with a patient for the purpose of clinical consultation, advice and treatment planning.

4. Scope

This document is applicable to all personnel working in primary health care institutes with asthma clinics.

5. Procedure

5.1 Step 1: Establishing the asthma clinic

5.1.1 The following departments should be informed when an asthma clinic is planned to be established in a primary care health institution:

5.1.1.1. The MOIC of the relevant health care facility.

5.1.1.2. The department of Non-Communicable Disease under the Directorate of General Primary Health Care.



- 5.1.1.3. The Non-Communicable Disease Section under the Department of Primary Health Care in the Governorate.
- 5.1.2 The asthma clinic should commence running when all equipment have been set up for the clinic.
- 5.1.3 It is the responsibility of the management of the PHC facility and the department of PHC in the governorate to ensure that the clinic is equipped with all essential materials and tools. These include:
- 5.1.3.1 Peak flow meters (adults and pediatrics).
 - 5.1.3.2 Asthma control tests.
 - 5.1.3.3 Peak flow charts.
 - 5.1.3.4 Asthma clinic registers.
 - 5.1.3.5 Health educational materials.
 - 5.1.3.6 Patient follows up booklets.
 - 5.1.3.7 Disposable mouth pieces.
 - 5.1.3.8 Spacers of all sizes.
- 5.1.4 The assignment of the room to function as the asthma clinic will be left to the management of the respective PHC facility and the department of primary health care in the governorate.
- 5.1.5 The room assigned as the asthma clinic is to be the exact same clinic whenever the asthma clinic is running.

5.2 Step 2: Assigning focal points

- 5.2.1 Three staff (One pharmacist, one nurse and one doctor) working full time in the health center and who had attended workshops in the management of asthma, are to be assigned as the asthma clinic focal points. Their main responsibility is to supervise the running of the clinic.
- 5.2.2 One of the three asthma clinic health center focal points is to be assigned as the health center's asthma clinic head focal point, who will be communicating directly to the governorate focal point.
- 5.2.3 If any of the assigned focal points were ever to be transferred or is unable to perform his duties as a focal point, then another focal point should be



- assigned (who matches the criteria below in 6.2.5.) and the change of the focal point should be communicated immediately and directly to the governorate focal points. It is the management of the health facility's responsibility to inform the governorate focal point of this change.
- 5.2.4 The main responsibility of the asthma clinic focal points is the overall supervision of the asthma clinic.
- 5.2.5 The asthma clinic focal points need to have attended at least one workshop on the management of asthma in primary care workshops either conducted by the governorate, department of Non communicable diseases (NCD Dept.) in the Ministry of Health or the Oman Respiratory Society (ORS).
- 5.2.6 The asthma clinic focal points are to follow the policies and procedures set forth in this manual.
- 5.2.7 The asthma clinic focal points have to be willing to supervise the running of the asthma clinic in accordance to the asthma clinic policies and procedures along with their other duties in the health center.
- 5.2.8 The asthma clinic focal points are expected to be present at the health center whenever there is a supervisory visit conducted to the asthma clinic either by officials in the governorate or the main ministry.
- 5.2.9 If the focal point was unavailable due to being on leave of whatever nature, then another relevant staff should be assigned to be present during the visit.
- 5.2.10 The asthma clinic focal points should attend any meetings (when asked) that may be conducted by the ministry, governorate with regards to the asthma clinics.
- 5.2.11 It is also the responsibility of the asthma clinic focal points to arrange for events or lectures to raise awareness within the community with regards to all aspects of asthma prevention and control.



5.3 Step 3: Inviting patients to attend the clinic

- 5.3.1 All individuals (adult and children) presenting to the health center, who have either been previously diagnosed with asthma or suspected to have asthma will be asked to attend appointments in the asthma clinic and will receive appropriate and timely management.
- 5.3.2 Patients can be asked to seek appointments in the clinic as they present in the general practice clinics, pharmacy, treatment room or medical records.
- 5.3.3 Appointment in the asthma clinic will be scheduled through either the electronic or manual appointment system by a physician.

5.4 Step 4: Running the asthma clinic

5.4.1 General

- 5.4.1.1. On the day of the asthma clinic, unless the clinic is combined with the chronic disease clinic, it will be used for the sole purpose of seeing patients with asthma unless:
 - 5.4.1.1.1. At the time when no patients with asthma had appeared for their appointments.
 - 5.4.1.1.2. When all appointments had been seen.
 - 5.4.1.1.3. While waiting for patients to reach the health center.
 - 5.4.1.1.4. The clinic is combined with the chronic disease clinic.
- 5.4.1.2. To maintain patient's confidentiality, only one patient can be seen in the clinic, i.e. two or more patients cannot be seen at the same time in the clinic.
- 5.4.1.3. It is left to the management of the PHC facility and the department of primary health care in the governorate to decide on when and how frequent the asthma clinic will run. This decision should depend on the number of patients with asthma in the clinic and the load on the PHC facility.
- 5.4.1.4. There will always be a rotation of the staff managing patients in the clinic to maintain the skills of those trained in the management of asthma. It is the responsibility of the nursing, pharmacy, and medical



officer in charge of the health institute to ensure that the team members are always rotated.

5.4.1.5. All staff involved in the direct provision or supervision of patient care must have attended at least one comprehensive workshop in the management of asthma.

5.4.1.5.1. The documentation of the patient's visits are to be maintained in an electronic format unless the health center does not have a functioning computer system. In these circumstances the patient's file is to be done in a manual format.

5.4.1.5.2. Every patient attending appointments in the asthma clinic should be registered in the asthma clinic register (either manual or electronic, when available). Registration should be done as soon as diagnosis is confirmed.

5.4.2 Patient record content

5.4.2.1 The patient's electronic or hard copy file should contain the following information:

5.4.2.1.1. Patient's full name.

5.4.2.1.2. Current address.

5.4.2.1.3. Telephone number of the patient.

5.4.2.1.4. The health center/ polyclinic the patient is transferred from, if any.

5.4.2.1.5. The patient's medical and surgical history. This includes all history of allergies.

5.4.2.1.6. Treatment records, including the results of all diagnostic tests and the progress notes.

5.4.2.1.7. All medications prescribed and/or dispensed.

5.4.2.1.8. The precise dosage and regimen of each medication prescribed and/or dispensed.

5.4.2.1.9. Any referral to other practitioners and the reason for the referral.



5.4.2.1.10. Date and time of next appointment.

5.4.2.2 All entries in the patient record must use universally accepted abbreviations. Obscure or unclear terminology must be avoided.

5.4.3 Treatment of minors in the asthma clinic

5.4.3.1 Children, 13 years of age or younger should always be accompanied by a parent or a guardian.

5.4.3.2 The treatment plan of a minor will always be discussed with the accompanying adult and details of management will be explained clearly to both child and adult.

5.4.3.3 If a child attends the clinic without an adult, it is the asthma clinic staff (who are running the clinic on the day) responsibility to call the parents/caregiver to accompany their child. Only exceptions to this is in case of an emergency where management should be given immediately even without the presence of the parents/ guardian.

5.4.4 Treatment of adults who are mentally or neurologically impaired

5.4.4.1. Some adults may not be able to understand their condition or understand the treatment e.g. because of being neurologically impaired. It is therefore the asthma clinic's team member's responsibility (who are running the clinic on the day), in this instance to call the individual's caregiver and ask them to accompany the patient either to the current visit or by scheduling a new appointment in the clinic at a time the guardian will be able to attend. Only exceptions to this is in case of an emergency where management should be given immediately even without the presence of the guardian.



5.4.5 Policy on the use of nebulizer therapy for asthma patient

- 5.4.5.1. The decision to give nebulizer therapy to a patient attending the asthma clinic should be taken by the treating physician after careful assessment and should be given in acute settings or as indicated in the most updated asthma guidelines.
- 5.4.5.2. Teams should be discouraged from asking patients to attend the facility at frequent times in a day to receive nebulization.
- 5.4.5.3. The request of nebulizer should be clearly documented in the electronic system including the name of medication, dosage, frequency, and the duration.
- 5.4.5.4. Prescriptions or referrals from another health institute should be reviewed by the treating physician in the health center and a new prescription should be entered accordingly.
- 5.4.5.5. Nurses should not administer nebulization therapy without a prescription and assessment from the treating physician in the health center.
- 5.4.5.6. The use of normal saline nebulization in adult and children is discouraged, because of inadequate evidence to support the use of it.
- 5.4.5.7. The medication which can be used for nebulization in PHC include salbutamol and ipratropium bromide for adults and children.
- 5.4.5.8. The nebulization procedure should be performed by the nurse following the infection control measures; cleaning, changing and filtrating.

5.4.6 Transfer of patients

- 5.4.6.1. A patient with asthma may be registered into the clinic if the patient was found to have transferred their residence to the catchment area of the health center.
- 5.4.6.2. The patient or relative should be informed to obtain a medical report from their parent institute containing all patient details including, medications, investigations, complications, co-morbidities, etc.
- 5.4.6.3. Patients with referral papers can then be registered into the clinic.



- 5.4.6.4. Similarly, a patient may be transferred out of the clinic to another health center with a report documenting his current medication and past medical and surgical histories.
- 5.4.6.5. It is the responsibility of the asthma clinic team focal points to ensure that all staff running the clinic provides a detailed history of the patient with a list of their medications, allergies, spirometry results, etc. whenever a patient is transferred to a different clinic.
- 5.4.6.6. Patients who have been transferred out of the clinic should then be removed from the register by labelling them as “transferred out” and date of transfer should be noted in the manual register or electronic file.
- 5.4.6.7. The asthma clinic focal points will not collect data of those patients who had transferred out.

5.4.7 Referral of patients to secondary or tertiary healthcare facilities or from secondary and tertiary to PHC

- 5.4.7.1. The asthma clinic team members may refer patients to either nearby secondary polyclinics/ local hospitals or tertiary hospitals if deemed necessary for a medical consultation or further tests.
- 5.4.7.2. The referral of the patient should be in accordance to the referral system in PHC.
- 5.4.7.3. The asthma clinic is also to accept patients referred to them from secondary/ tertiary or private clinics (Local or abroad), provided that the patient is a resident of the catchment area of the PHC.
- 5.4.7.4. It is the responsibility of the physician in the institute that the patient had been referred to, to give a detailed feedback of the patient’s condition and evaluation. This feedback should be given to the patient to hand to the institute they had been referred from.

5.4.8 Appointments

- 5.4.8.1. The asthma clinic should run on an appointment system.
- 5.4.8.2. Appointments are either scheduled through the electronic system or done manually.



5.4.8.3. The number of appointment slots allocated in the clinic will be left to the judgment of the administrators in the health center/polyclinic. The number should depend on the average number of patients attending the clinic and waiting period of the appointments in the clinic.

5.4.9 Policies with regards to patients who do not attend their appointment, non-attenders to the clinic

5.4.9.1. The PHC facility may decide whenever feasible to remind the patient of their appointment by either SMS or a phone call.

5.4.9.2. The reminder (phone call/SMS) should be done within a week prior to the appointment.

5.4.9.3. Patients who miss an appointment should be contacted by the asthma clinic focal point and provided with new follow appointments.

5.4.9.4. It is the asthma clinic team of focal point's responsibility to trace patients who did not attend their appointments and provide them with a new appointment.

5.4.10 Asthma clinic operating hours

5.4.10.1. The asthma clinic operating hours will depend on the timing decided by the administrative officers in the health center.

5.4.10.2. The medical officer in charge in the PHC facility has to ensure an uninterrupted and regular service to maintain a good quality of care.

5.4.11 Asthma clinic cancellation policy

5.4.11.1. The decision to cancel the clinic permanently can only be made by the department of primary health care in the governorate upon discussion with the NCD section in the governorate and the department of Non communicable disease in the Ministry of Health.

5.4.11.2. The department of NCD should be provided with convincing reasons and evidence as to why the asthma clinic in a specific PHC facility is to be cancelled.



- 5.4.11.3. Cancelling an asthma clinic permanently may be decided, if the number of patients was found to be extremely low and the clinic had found a way of managing these patients adequately in a different set up (e.g. the chronic disease clinic).
- 5.4.11.4. Reasons for cancelling the asthma clinic temporarily may include lack of trained staff to run the clinic, during events of inclement weather or a national public holiday.
- 5.4.11.5. In the case of lack of trained staff, it is the responsibility of the administrators in the governorate to ensure that new teams attend a comprehensive workshop on the management of asthma or attend an attachment in an already running asthma clinic on an urgent basis. The PHC facility is therefore expected to re commence running the clinic as soon as an adequate team is available
- 5.4.11.6. In the instance where the asthma clinic may be cancelled temporarily, it is the asthma clinic team of focal points responsibility to call the patients to inform them that the clinic will be postponed and reschedule appointments.
- 5.4.11.7. Cancelling the asthma clinic (for more than one week or permanently) should be kept only as a very last option after considering all other possible solutions and is to be decided only after discussions with the head of the NCD section in the governorate and the NCD department in the ministry of health.

5.4.12 Health centers working with secondary or tertiary resources

- 5.4.12.1. Certain health centers/ polyclinics or local hospitals have a unique setting where by certain medications and tools are available to them. These facilities with spirometry machines available are expected to perform regular spirometry procedures.
- 5.4.12.2. Spirometry procedures may either be performed on the same day of the asthma clinic or on a different day. This is to be decided by the



management of the PHC facility and the department of Primary health care in the governorate.

- 5.4.12.3. Procedures can be conducted in the asthma clinic itself or in a separate room.
- 5.4.12.4. All procedures are to be conducted by trained staff nurses and interpreted by a trained doctor (Trained in the use and interpretation of spirometry procedures).
- 5.4.12.5. The results of the spirometry procedure should be clearly recorded in the patient's file.

5.4.13 Running the asthma clinic virtually/remotely

There are situations where it may not be possible to resume services in a health facility as a result of extreme circumstances where for the safety of patients and staff, patients or staff are not able to be physically present in the health facility or in an effort to reduce crowding in the facility, the PHC facility may decide to provide services using approaches that allow for remote care

In these cases, the health facility should be equipped with:

- 5.4.13.1. Telephone that allows for (audio &/or video) call that can be used for the asthma clinic teams on the day of the asthma clinic.
- 5.4.13.2. Electronic system using al shifa system for documentation.
- 5.4.13.3. Peak flow meters (adults and pediatrics) provided for the patient at home.

5.4.14 Priority in being physically present in clinic may be given to cases that are uncontrolled or who require close follow up as in:

- 5.4.14.1. Newly diagnosed patients with asthma.
- 5.4.14.2. Those requiring close monitoring in view of recent adjustment of medications, recent hospitalizations, or emergency visits, etc.
- 5.4.14.3. Patients who are requesting to be seen in clinic despite their level of control should be given the option to attend.
- 5.4.14.4. Patients who may not have the means to self-monitor their conditions at home.



5.4.14.5. Patients advised to attend appointments should be strongly encouraged to do so and not to miss them.

5.4.14.6. All risks of missing follow ups should be explained to them.

5.4.15 Inviting patients to attend the asthma remote/virtual clinic

5.4.15.1. The management of the PHC facility should ensure that patients are informed either by call or via SMS that their appointment will be conducted remotely.

5.4.15.2. It should be explained to the patients on how the call will be conducted i.e. via audio call alone, or video and audio.

5.4.16 Procedures prior to the remote consultation of the patient:

5.4.16.1. A thorough assessment of the electronic records should be done prior to the phone consultation of a patient and should focus on:

5.4.16.1.1. Previous evidence of noncompliance.

5.4.16.1.2. Effect of recent adjustment of medications.

5.4.16.1.3. Presence of any side effects of medications.

5.4.16.1.4. Recent hospitalization or emergency visits.

5.4.16.1.5. Past results of investigations.

5.4.16.1.6. Investigations that may be due.

5.4.16.1.7. Any issue that may need to be focused on during the phone consultation or that may necessitate the need to arrange for the patient to attend clinic.

5.4.16.2. Running the virtual/remote asthma clinic:

5.4.16.2.1. The virtual/remote asthma clinic should run on an appointment system.

5.4.16.2.2. The number of appointment slots allocated in the clinic will be left to the judgment of the administrators in the health center/polyclinic.



- 5.4.16.2.3. The team running the asthma clinic should try to ensure that they contact the patient at the specific time allocated for the consultation.
- 5.4.16.2.4. Along with the basic management that can be done over the phone and the follow up of the patient's condition, messages to enforce during the phone consultation include:
 - 5.4.16.2.4.1. Conduct the asthma control test (ACT) over the phone and ask the patient to attend the clinic if ACT score was found to be not well controlled (<20).
 - 5.4.16.2.4.2. Importance of self-management which includes monitoring asthma symptoms and monitoring peak flow rates while at home.
 - 5.4.16.2.4.3. Ensure compliance and adherence to medications.
 - 5.4.16.2.4.4. Side effects of medications to watch out for.
 - 5.4.16.2.4.5. When to seek help.
 - 5.4.16.2.4.6. Instructions to contact the health facility if needed.
 - 5.4.16.2.4.7. Maintain healthy lifestyles to boost immunity and to control the chronic condition.
 - 5.4.16.2.4.8. Conduct the asthma control test (ACT) over the phone and ask the patient to attend the clinic if ACT score was found to be not well controlled (<20).
- 5.4.16.2.5. Although it is not recommended to see a new patient remotely, however the team should ensure that every asthma patient attending the appointments through the virtual/remote asthma clinic are registered in the Asthma clinic register (either manual or electronic, when available).



- 5.4.16.2.6. Management of the patient should be conducted by the asthma clinic physician running the clinic on the day of the appointment.
- 5.4.16.2.7. The physician may ask the nurse or pharmacist to provide counselling with regards to avoiding triggers, proper use of inhalers, advising on compliance or how to measure peak flow rates while at home.
- 5.4.16.2.8. All details of the consultation should be documented in the electronic file.
- 5.4.16.2.9. Ensure the personal information of asthma patient you are calling are correct and update the new changes if available.
- 5.4.16.2.10. If the patient was a minor or mentally unwell, the phone consultation should be taken by one of the parents or caregivers.

5.4.17 Policies with regards to patients missing a virtual/remote clinic appointment

- 5.4.17.1. If the patient misses his appointment the asthma focal point (nurse or doctor) should call the patient to determine whether the patient can be provided with a new virtual/remote appointment or to be given an appointment to be seen physically in the facility.
- 5.4.17.2. Patient is to be prescribed medications if they do not have enough and to be provided with a new appointment.

6. Responsibilities

6.1 Responsibilities of the asthma clinic health center/polyclinic focal points

6.1.1 Responsibilities of the health center's asthma clinic head focal point

- 6.1.1.1. One of the three asthma clinic focal points (nurse, pharmacist and doctor) will be assigned to be the health center's asthma clinic head focal point.
- 6.1.1.2. The health center's asthma clinic head focal point will be in charge of communicating all issues and providing data to the governorate focal point.



- 6.1.1.3. The health center's asthma clinic head focal point should suggest names to the governorate focal points of nurses, pharmacists and physicians who need to attend any workshops on the management of asthma. This is to be done in coordination with the management of the PHC institute.
- 6.1.1.4. Ensures that the clinic is running in a timely manner as per the frequency decided on by the management.
- 6.1.1.5. Ensures continuous clinical improvement in the management of asthma in the health center/ polyclinic by conducting lectures or workshops.
- 6.1.1.6. Ensures that the asthma clinic has an asthma clinic register (either manual or electronic).
- 6.1.1.7. Ensures that the asthma clinic register is always updated.
- 6.1.1.8. Ensures all staff running the asthma clinic know how to fill and maintain the register.

6.1.2 Responsibilities of the asthma clinics pharmacist focal point (at the level of the health center/ polyclinic)

- 6.1.2.1. As well as overall supervision of the asthma clinic, the pharmacist focal point assists in running the asthma clinic.
- 6.1.2.2. Ensures that the pharmacy in the health center is equipped with all necessary medications in accordance to the most updated PHC formulary.
- 6.1.2.3. Ensures a regular supply of all asthma medications.
- 6.1.2.4. Reports any insufficiencies to the pharmacist in charge in the governorate.
- 6.1.2.5. Requests medications on a regular basis.
- 6.1.2.6. Ensures medications prescribed have not passed their expiry dates.



- 6.1.2.7. Ensures that the pharmacy in the health center is equipped with spacers of all sizes as available and supplied by the directorate of medical supply in the ministry.
- 6.1.2.8. Requests spacers and aero chambers on a regular basis.
- 6.1.2.9. Ensures that the asthma clinic is supplied with a regular flow of disposable mouthpieces and that this flow is adequate every month.
- 6.1.2.10. Ensures that all pharmacists/ assistant pharmacists are aware on how to use the different inhaled medications available.
- 6.1.2.11. Ensures that all pharmacists are checking and demonstrating how to use inhaled medications whenever it is prescribed.
- 6.1.2.12. Ensures that inhalation technique is checked and demonstrated in a separate room and not across the pharmacy window.
- 6.1.2.13. Updates the pharmacists in the health center with regards to new medications used in the management of asthma becoming available.
- 6.1.2.14. Ensures that a pharmacist is always involved and available on the days the asthma clinic is running.
- 6.1.2.15. Assists the asthma clinic focal points in providing data whenever necessary with regards to the medications supplied and prescribed.
- 6.1.2.16. Alerts the pharmacists to invite patients to attend appointments in the asthma clinic whenever a patient was found to collect inhaled medications or short acting beta agonists on a frequent or regular basis.
- 6.1.2.17. Provides data to the asthma clinic head focal point in the health center whenever required.

6.1.3 Responsibilities of the asthma clinics nurse focal point (at the level of the health center/ polyclinic)

- 6.1.3.1. As well as overall supervision of the asthma clinic, the nurse assists in running the asthma clinic.
- 6.1.3.2. Ensures that the asthma clinic has an asthma clinic register (either manual or electronic).
- 6.1.3.3. Ensures that the asthma clinic register is always updated.



- 6.1.3.4. Ensures all nurses running the asthma clinic know how to fill and maintain the register.
- 6.1.3.5. Ensure that all nurses running the asthma clinic had attended at least one comprehensive workshop on the management of asthma.
- 6.1.3.6. Ensures that the health center/polyclinic has an adequate supply of patient follow up booklets.
- 6.1.3.7. Requests registers and follow up booklets whenever needed, through the management of the health center and the NCD section in the governorate.
- 6.1.3.8. Provides data to the asthma clinic head focal point in the health center whenever data is required.
- 6.1.3.9. Ensures that the health center has at least two nurses who had attended the above mentioned workshops and are available to run the clinic.
- 6.1.3.10. Requests for training of more staff if less than two nurses are available in the health center.
- 6.1.3.11. Ensures that non-attenders to the clinic are always traced and contacted. See policies on non-attenders.
- 6.1.3.12. Ensures that health educational materials are available in the clinic.

6.1.4 Responsibilities of the asthma clinic doctor focal point (at the level of the health center/ polyclinic)

- 6.1.4.1. Ensure that all doctors running the asthma clinic had attended at least one comprehensive workshop on the management of asthma.
- 6.1.4.2. As well as overall supervision of the asthma clinic, the doctor assists in running the asthma clinic.
- 6.1.4.3. Continues to perform their regular duties on the days that he/she is not assigned to run the asthma clinic.
- 6.1.4.4. Ensure that the health center/ polyclinic has at least two doctors running the asthma clinic and who had attended workshops on the management of asthma.



- 6.1.4.5. Suggest names to the asthma clinic head focal point in the health center of doctors who need to attend workshops on asthma management.
- 6.1.4.6. Ensures that the management of the patients in the asthma clinic are in accordance with the most updated national and international guidelines.
- 6.1.4.7. Provides data to the asthma clinic head focal point in the health center whenever required.
- 6.1.4.8. Ensures continuous clinical improvement in the management of asthma in the health center/ polyclinic by conducting lectures or workshops.

6.2 Responsibilities of the staff running the asthma clinic (Asthma clinic team members).

6.2.1 Responsibilities of the pharmacist on the days the asthma clinic is running

- 6.2.1.1. A pharmacist who had attended at least one comprehensive workshop on the management of asthma should be present on the days the asthma clinic is running.
- 6.2.1.2. The pharmacist may be in the asthma clinic itself or in a separate room outside the clinic.
- 6.2.1.3. The pharmacist is responsible in ensuring that the patient is able to use the inhaled medication prescribed.
- 6.2.1.4. The pharmacist is responsible for providing every asthmatic patient with the correct inhaled medication according to the patient's needs and inhalation techniques.
- 6.2.1.5. Monitor medication use and refill intervals to help identify whether a patient is poorly controlled or not adhering to medications.
- 6.2.1.6. Explain to patients how to properly clean and store spacers.
- 6.2.1.7. Review medications and interactions and communicate with the treating doctor.



- 6.2.1.8. Ensures the patient is aware of any possible side effects of the medication.
- 6.2.1.9. Ensures that the doses of the medications prescribed are correct and alert the prescribing physician if there were any issues.
- 6.2.1.10. Ensure controlled patients have been issued an asthma action plan by the doctor and to review the issued action plan and discuss it with the patient in the follow up visits.

6.2.2 Responsibilities of the nurse running the asthma clinic

- 6.2.2.1. The asthma clinic should always run with a nurse who had attended at least one comprehensive workshop on the management of asthma.
- 6.2.2.2. The nurse should be present in the clinic with the doctor for taking the necessary vitals and consultation of the patient.
- 6.2.2.3. Takes all necessary vitals.
- 6.2.2.4. Assists in checking the peak flow rate.
- 6.2.2.5. Assists in filling the asthma control tests.
- 6.2.2.6. Fills up patient's asthma booklet.
- 6.2.2.7. Ensures the maintenance and the update of the asthma clinic register.
- 6.2.2.8. Provide counselling and education to patients.
- 6.2.2.9. Ensures the patient is aware of their follow up appointment.
- 6.2.2.10. Ensures the patient understands the asthma action plan if provided by the doctor.
- 6.2.2.11. Records names and numbers of patients who had not attended the asthma clinic on their appointments. In addition, provides the names and numbers to the health center asthma clinic focal points to trace the patients.

6.2.3 Responsibilities of the doctor running the asthma clinic

- 6.2.3.1. The asthma clinic should always run with a doctor who had attended at least one comprehensive workshop on the management of asthma.
- 6.2.3.2. The doctor reviews the patient's history.
- 6.2.3.3. Ensures the proper diagnosis & rules out differential diagnosis.



- 6.2.3.4. Reviews ACT & peak flow measurements.
- 6.2.3.5. Assesses, evaluates and manages the patient in accordance with the most updated international and national guidelines.
- 6.2.3.6. Ensures the proper documentation of the consultation either in the electronic medical file or the patient's manual file, if an electronic file is not available.
- 6.2.3.7. Fill up patient's asthma booklets.
- 6.2.3.8. Ensures the maintenance and the update of the asthma clinic register.
- 6.2.3.9. Prescribes medications.
- 6.2.3.10. Fills and discusses the asthma action plan.
- 6.2.3.11. Gives new follow up appointment.
- 6.2.3.12. Counsel patient or the patient's caregiver/parents/family (if patient is a child or mentally unable) and provide education.

6.3 Responsibilities of the asthma clinic governorate focal points

- 6.3.1 Along with their usual daily duties, the asthma clinic governorate focal point is responsible for the overall supervision of all asthma clinics in the governorate.
- 6.3.2 Provide data to the NCD Department in the ministry of health or the NCD section in the governorate whenever needed.
- 6.3.3 Monitor the running of the asthma clinics in the governorate.
- 6.3.4 Solve any issues that may rise at the level of the governorate.
- 6.3.5 Ensure that all health centers have a minimum of two nurses, two doctors and two pharmacists who have attended at least one comprehensive workshop in the management of asthma in primary care.
- 6.3.6 Forward names to the NCD department in the ministry (through the NCD section in the governorate) of nurses, pharmacists or doctors in the governorate who will need to attend workshops on the management of asthma.
- 6.3.7 Report any issues to the NCD Department in the ministry and in coordination with the head of the NCD section in the governorate.



- 6.3.8 Be present during any supervisory visits to the governorate conducted by the team in charge of the asthma program in the NCD department.
- 6.3.9 If the focal point was unable to attend a supervisory visit, due to being on leave of whatever nature, then another relevant staff should attend and this is to be arranged with the head of the NCD section in the governorate.
- 6.3.10 It is also the responsibility of the asthma clinic governorate focal point to ensure that awareness is being raised in the community with regards to asthma control and prevention.

6.4 Responsibilities of the head of the NCD section in the governorate:

- 6.4.1 Ensure an asthma clinic focal point has been assigned in the governorate.
- 6.4.2 Notifies the NCD department immediately of any changes to the governorate focal point.
- 6.4.3 Ensure that data from the asthma clinics is forwarded to the NCD department in the ministry.
- 6.4.4 Assists the asthma governorate focal point in rectifying any issues that may rise.
- 6.4.5 Supervises the functioning of the asthma clinics in the governorate.

6.5 Policy Enforcement

It is the responsibility of all administrators working in the field of PHC in the governorate and the ministry to enforce this standard operating procedure.



7. Document History and Version Control

Document History and Version Control			
Version	Description of Amendment	Author	Review Date
01	Initial Release	Shadha S. Al-Raisi	March 2017
02	Update	1-Shadha S. Al-Raisi 2-Hunaina Al -Farsi	April 2024
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8. Related Documents

No related document



9. References

Title of book/ journal/ articles/ Website	Author	Year of publication	Page
Policy and procedure of document development	Directorate General of Quality Assurance Centre	2016	
Global Strategy for Asthma Management and prevention, http://www.ginasthma.org/local/uploads/files/GINA_Report_2015_Aug11.pdf	Global Initiative for Asthma (GINA)	2015	