

8. APPENDIX 2

PROFORMA FOR OMALIZUMAB ASSESSMENT

Patient information sticker

Date: _____

Referring consultant: _____

Weight _____ kg

Total IgE levels _____

Criteria to use Omalizumab: all to be ticked in order to proceed:

- 1. Severe persistent asthma
- 2. On daily oral corticosteroids/4 steroid courses in past year []
- 3. Positive skin test or specific IgE to perennial allergen []
- 4. Total IgE 30-1500 IU/ml []
- 5. Weight and total IgE level allow dosing as per chart []

Current asthma medication:

Omalizumab prescription:

Starting dose _____ mg, frequency _____ weekly.

Signed: _____

(check weight and confirm dosage after 2 months and yearly)

Planned date for visit -4 _____

OMALIZUMAB ASSESSMENT PROFORMA

Patient information sticker

Number of Hospitalisations with acute asthma in the last 12 months : _____

Number of Other Asthma Emergency contacts [GP, A&E, GEMS]* in the last 12 months: _____ Number of high dose prednisolone courses in the last 12 months : _____

Timepoint	Date	ACT score [previous 4 weeks]	mAQLQ [covers previous 2 weeks]	Morning PEF average [use 3 days in last week, preferably Mon, Wed, Fri]	Hospitalisations with acute asthma (last 4 months)	Number of other Emergency contacts* (last 4 months)	Patient's Global assessment	Doctor's Global assessment
-4 weeks				N/A				
0								
4 (optional)								
8 (optional)								
12 (optional)								
16 weeks								

Global assessment by patient & doctor:

- | | | |
|---|-----------|--|
| 1 | Excellent | complete control of asthma |
| 2 | Good | marked improvement of asthma |
| 3 | Moderate | discernible, but limited improvement in asthma |
| 4 | Poor | no appreciable change in asthma |
| 5 | Worsening | of asthma |

