

## COVID-19 Rapid Guideline: Severe Asthma (NG166)

### What you need to know

NICE have published new COVID-19 rapid guidelines in relation to the safety of adults and children with severe asthma during the COVID-19 pandemic. The guideline provides guidance on a number of aspects including:

#### Communication with Patients:

- Communicate with patients and support their mental wellbeing, signposting to support groups and charities where available, to help alleviate any anxiety and fear they may have about COVID-19.
- Tell all patients, or their parent or carer, to continue taking their regular medicines in line with their personalised asthma action plan; this includes those with COVID-19 or suspected of having it. Ensure their action plan is up to date.
- Minimise face to face contact; using methods such as telephone/ video consultations. Minimise time in the waiting area, by careful scheduling, encouraging patients not to arrive early for appointments and text patients when the clinician is ready to see them.

#### Investigations:

- Only carry out bronchoscopy and most pulmonary function tests for urgent cases and if the results will have a direct impact on patient care.

#### Treatment: Patients having biological treatment

- Tell patients, or their parent or carer, that they should continue treatment because there is no evidence that biological therapies for asthma suppress immunity. If a patient usually attends hospital for these treatments think about if they can be trained to self-administer or could be treated at a community clinic / home.
- Carry out routine monitoring of biological treatment remotely if possible.

#### Treatment: Patients starting biological treatment

- When patients start on a new biological treatment, balance the risks and benefits of treatments taking into account service modification. Start treatment even if;
  - You are not able to assess adherence to regular treatment in the usual way.
  - A MDT discussion is not possible; 2 senior clinicians in the commissioned service, or delegated by the commissioned service, may make the decision to start biological treatment
- Make sure that the patient initiation form is completed. Patient data should be added to the registry at the earliest opportunity. Carry out routine monitoring of biological treatment remotely if possible.
- Have arrangements in place to enable patient self-administration or homecare for subsequent doses, to reduce the need for patients to attend hospitals.

#### Corticosteroids

- Tell patients, or their parent or carer, to continue using inhaled corticosteroids because stopping can increase the risk of asthma exacerbation; there is no evidence that inhaled corticosteroids increase the risk of getting COVID-19.
- Tell patients, or their parent or carer, that if they develop symptoms and signs of an asthma exacerbation, they should follow their personalised asthma action plan and start a course of oral corticosteroids if clinically indicated.
- Tell patients on maintenance oral corticosteroids, or their parent or carer, to continue to take them at their prescribed dose because stopping them can be harmful.

#### Equipment

- Tell patients, or their parent or carer to wash their hands and clean equipment such as face masks, mouth pieces etc regularly using detergent, or to follow manufacturers cleaning instructions.
- Tell patients, or their parent or carer, not to share their inhalers and devices with anyone else.
- Tell patients, or their parent or carer, they can continue to use their nebuliser; the aerosol produced comes from the nebuliser fluid in the chamber and will not carry virus particles from the patient.