



Setting up an allergy and asthma clinic



List of abbreviations used in this article:

PEFR: Peak expiratory flow rate
 SPT: Skin prick test
 ImmunoRx: Immunotherapy
 SCIT: Subcutaneous immunotherapy
 e-Tablet: electronic tablet or computer
 Info.: Information
 'ambubag': Bag valve mask
 MDI: Metered dose inhaler
 DPI: Dry powder inhaler
 'Sharps': Used sharp medical waste



On a visit to a community clinic Dr Do-a-lot met with the professional nurse in charge of the unit, who had recently sent three of her staff members on an allergy and asthma course, as a strategy to address an increasing need for expertise in the field. They had returned inspired to set up an allergy and asthma clinic as part of the regular service provided by the facility.

The nurse requested advice on how to approach the challenge, bearing in mind her limited access to funds. Dr Do-a-lot said she would give it some thought and return with a plan at her next visit. She met with her students the following morning and presented them with a project. The topic was: **'How to set up an allergy and asthma service in an existing clinic or practice'**. The students were advised that they should include all the basic administrative and clinical requirements, however, that funds were limited, and expensive equipment like spirometry machines and specialised staff like lung function technologists, were not included in the scope of the clinic. It was understood that referrals could be made for specialised tests. The following week the students presented **'A Clinic in a Cabinet'** to Dr Do-a-lot.

Shaunagh Emanuel

MB ChB

The Asthma Clinic, Rondebosch, Cape Town, South Africa

Di Hawarden

MB ChB

Allergy Diagnostic and Clinical Research Unit, UCT Lung Institute, Mowbray, Cape Town, South Africa

References:

The ALLSA handbook of Practical Allergy
 Third edition
 Editors: Robin J Green, Cassim Motala, Paul C Potter

The clinic would require the following facilities, some of which would be available as part of the existing practice: stationery, patient folders, a computer with e-mail, a telephone with a message service, a fax machine, a copier, an appointment system with visit tracking (important, for example, for immunotherapy follow-up visits), patient contact detail forms, patient appointment cards, an accounting system, a simple auditing system, a petty cash book, a waiting room and ablution facilities including a baby changing area.

An important part of an allergy and asthma practice is the administrative and reception staff. They should be trained to speak to patients with insight. It is important, for example, that patients who may need skin prick tests have not taken antihistamines for 72 hours prior to testing, and reception staff need to be able to communicate this sort of information when necessary.

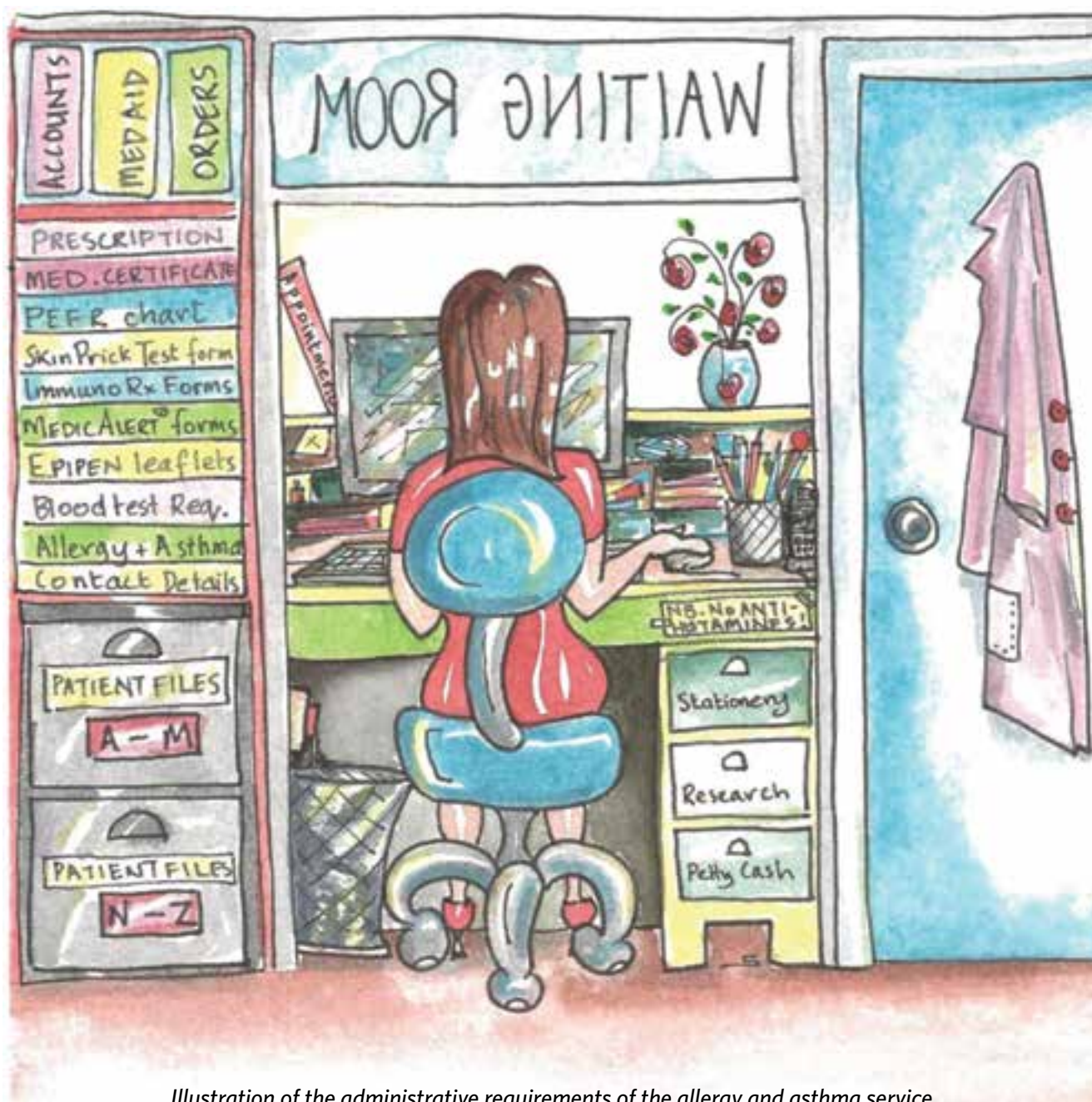


Illustration of the administrative requirements of the allergy and asthma service

The 'Clinic in a Cabinet' concept arose from the idea that the allergy and asthma clinic would need to be mobile and adaptable, and would be able to operate at intermittent time-slots in the week, in any generic examination room. The students planned their cabinet and its contents as listed and shown and in the illustrations on this page.



Stationery

Clerking notes / e-Tablet
Prescriptions
Medical certificates
PEFR or symptom chart
SPT form
Spirometry request form
Immunotherapy forms
MedicAlert® forms
Epipen® education forms
Patient info. brochures

Diagnostic tools

Stethoscope
Diagnostic set
PEFR meter and chart
Thermometer
Baumanometer

Phlebotomy

Latex-free gloves
Tourniquet
Alcohol swabs
Needles and barrel
Blood specimen tubes
Cotton wool
Plasters

Allergy Education

Placebo Epipen®
Adrenalin kit
Needles and syringes
Expired adrenalin
Rubber ball
Placebo nasal sprays

Asthma Education

Placebo reliever MDI's
Placebo controller MDI's
Placebo DPI's
Spacers
Anatomical models of the airways
Educational posters

The contents of each draw of the "Clinic in a Cabinet"



Other requirements for a 'Clinic in a Cabinet' that might typically be found in a medical practice or clinic.

Other requirements:

In addition to the administrative facilities and the 'cabinet' contents, the students listed other essential requirements for their clinic, which they expected would be available as part of a typical practice. These included the following:

- A stadiometer for height measurement and a scale for weight measurement.
- A shelf in a secure refrigerator for the storage of skin prick test kits and immunotherapy supplies.
- A resuscitation trolley equipped with the requirements for the management of acute severe asthma, severe hypersensitivity reactions and anaphylaxis. Included in the list of requirements were an oxygen cylinder, a defibrillator, an 'ambubag', a suction device, laryngoscopes, endotracheal tubes, syringes, hypodermic needles, equipment for setting up intravenous access, intravenous fluids, oxygen masks, tubing, a nebuliser attachment, latex-free gloves, a 'sharps' bin, a diagnostic set, a baumanometer, a peak flow meter and medications such as adrenaline, antihistamines, glucocorticosteroids and bronchodilators.
- It is useful to have displayed, on an accessible notice board, a chart with pictures of all the asthma medications for education purposes, PEFR charts for adults and children for comparison against patient values, and action-plan flow diagrams for the management of emergencies such as acute severe asthma and anaphylaxis.
- An educated allergy and asthma nurse is an invaluable part of a successful clinic.

The students were asked to present the '**Clinic in a Cabinet**' to the community nurse.

It took a few telephone calls and some kind sponsorship, but in a few weeks she had equipped a cabinet with the essential equipment for an allergy and asthma clinic. The other necessary facilities were made available to her three trained staff members, who were then able to provide an allergy and asthma service for their community. This was not only of great benefit to patients, but the three trained nurses were able to put their new skills into practice, which they found deeply satisfying.

The enthusiasm shown by a single professional nurse at a peripheral clinic started a countrywide initiative to make 'clinics in cabinets' available to all health facilities wherever there was staff trained in allergy and asthma management. The department of health made training in allergy and asthma possible at centres throughout the country. This resulted in a measurable and sustained improvement in the care of patients with allergic conditions and asthma at all levels, even in remote areas.

Dr Do-a-lot uncharacteristically gave her students a distinction for their project.