

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Guideline scope

Covid-19 rapid guideline: severe asthma

1 Clinical question

How will the delivery of services be managed for the clinical areas identified for patients with confirmed COVID-19, suspected COVID-19 or without COVID-19?

2 What the guideline will cover

2.1 *Who is the focus?*

Patients with severe asthma.

2.2 *Activities, services or aspects of care*

Key areas that will be covered

For each of the clinical areas where guidance is developed, we may look at areas including, but not limited to:

- 1 General measures to reduce exposure (of staff and patients) to infection.
- 2 Triage and prioritising treatments.
- 3 Areas of the patient pathway (home to hospital, for example) for which management will be different due to the COVID-19 pandemic.
- 4 Deployment of other non-specialist trained staff to deliver services if workforce capacity is reduced.

For the guidelines covering critical care only, the areas may specifically include:

- 5 Decision making for critical care.

[See appendix A for details of the key themes and questions.](#)

Key areas that will not be covered

- 1 Clinical management of COVID-19 infection, because this is already covered in guidance produced by NHS England and NHS Improvement.
- 2 Service delivery.
- 3 Specific guidance on the training requirements for staff to deliver care if workforce capacity is reduced.

2.3 *Principles of identifying where guidance is required and developing this guidance*

- 1 Assess the standard patient pathway and identify areas of deviation due to the COVID-19 pandemic.
- 2 Curate any existing guidance on the specific clinical area that deviates from the standard care pathway and collate it in an accessible format.
- 3 Search for evidence to inform practice if there is no guidance, or there is uncertainty, on the clinical area that deviates from the standard care pathway.
- 4 Identify what people need to stop doing, start doing, and do more of as a result of the COVID-19 pandemic that is different from standard clinical practice.

Appendix A Proposed key themes and key questions for the guideline

Severe asthma (wave 3)

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|-----------------------|---|
| Population | <ul style="list-style-type: none"> • Patients with severe asthma |
| Key themes to include | <ul style="list-style-type: none"> • Asthma being a risk factor for COVID-19 • Asthma being associated with an increased risk of adverse outcomes with COVID-19 • Managing and monitoring patients with severe asthma (including biological treatments) • Assessing severity and deterioration of severe asthma when considering biological treatment • Use of asthma equipment such as nebulisers and peak flow meters (this includes being clear whether nebulisers are viral aerosol generating procedures) • Use of systemic and inhaled corticosteroids, in particular high-dose inhaled steroids • Use of rescue packs that include antibiotics and steroids |
| Themes to exclude | <ul style="list-style-type: none"> • Advice for patients with mild to moderate asthma • Specific clinical treatment guidance |
| Key questions | <p>What steps are needed to manage the delivery of asthma services to patients with severe asthma during the COVID-19 outbreak?</p> <p>Biologicals</p> <ul style="list-style-type: none"> • Is it safe to continue biologicals? • How can patients access their routine biological treatment for their asthma while shielding? • How can biologicals be started and monitored in the context of remote working, isolation, and staffing issues? <p>Corticosteroids:</p> <ul style="list-style-type: none"> • Is it safe to continue high-dose inhaled corticosteroids? • Is it safe to continue long-term oral corticosteroids? • In patients with COVID-19, is it safe to use oral corticosteroids for an asthma exacerbation? • Do inhaled or oral corticosteroids increase the risk of COVID-19, or are they associated with an increased risk of adverse outcomes? • Should high-dose inhaled or oral corticosteroids be reduced? <p>Modifying service delivery</p> <ul style="list-style-type: none"> • How should severe asthma be monitored and assessed (for example using virtual clinics and single peer review in place of multidisciplinary teams)? |

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