### **Please record the following types of consultations as acute exacerbations of asthma if antibiotics or oral steroids were prescribed or consumed:**

1. Consultations documented using **any of the following** **consultation codes**:
* Acute asthma
* Asthma attack
* Asthma attack NOS
* Status asthmaticus
* Status asthmaticus NOS
* Acute severe asthma
* Exacerbation of asthma
* Acute exacerbation of asthma
* Absence from work or school due to asthma
1. Consultations where the **free text** documents that the **clinician’s impression is that the patient had an acute exacerbation of asthma** **or asthma attack** even if the consultation was not coded using any of the codes listed in point 1.
2. Consultations where the **free text** of the consultation documents any of the following **symptoms** **in the context of progressive worsening of asthma symptoms or the patient using their inhaler(s) more frequently than usual**:
	* Cough (especially ‘chesty cough’)
	* Wheeze
	* Chest tightness
	* Difficulty in breathing (may be shortened to DIB)
	* Shortness of breath (may be shortened to SOB)
	* Dyspnoea
3. Consultations where **any** of the following **examination findings** are documented:
	* Wheeze
	* Peak expiratory flow rate (PEFR) at least 20% lower than best PEFR (if documented) or previously recorded PEFRs (it is usually possible to list previous PEFR values in the electronic medical record).
4. Consultations where **nebuliser therapy** was prescribed or administered **in the context of progressive worsening of asthma symptoms or the patient using their inhaler(s) more frequently than usual**. Do not record the consultation as an acute exacerbation of asthma if the free text of the consultation or the patient’s past medical history/prescription record indicates that the patient uses nebulisers on a regular basis (this can be the case in a minority of patients with severe asthma, especially if there is asthma-COPD overlap). These episodes may be recorded instead in the section on ambulatory management (baseline notes review) or medical notes contacts (12 month notes review).
5. Consultations where an **inhaler was administered during the consultation** **in the context of progressive worsening of asthma symptoms or the patient using their inhaler(s) more frequently than usual**.
6. Consultations where the **free text** of the consultation documents that the **patient took antibiotics or oral steroids from their rescue pack/home supply** for worsening asthma symptoms or an acute exacerbation of asthma, **whether or not** they consulted a health care professional about this first. It is possible that some self-managed exacerbations might not get documented in the medical notes. However, patients will be asked every three months about whether they took any rescue medication for their asthma and these episodes will be included in a secondary analysis. The primary outcome analysis will only include acute exacerbations of asthma recorded in the medical notes.
7. Consultations where the clinician **advised** the patient to:
	* Increase their inhaled corticosteroid or ICS-LABA (combination inhaler) dose
	* Take oral steroids from their rescue pack/home supply in addition to prescribing antibiotics for the patient.

**For consultations where you feel unsure about whether or not the episode represents an acute exacerbation of asthma, please follow the instructions below when recording these consultations:**

1. Record the ‘reason for contact’ as ‘other’.
2. Record that the episode requires clinical adjudication.
3. Upload an electronic file (e.g. pdf) detailing all relevant consultation notes onto the CRF for clinical adjudication. Please provide consultation notes which document the entire episode for which the patient consulted e.g. if the patient initially had a telephone consultation and was then brought in for a face-to-face consultation please provide the consultation notes from both consultations. Remove/obscure any patient identifiers or details which indicate which arm of the trial the patient was randomised to.