

Annual Review

Consultation Completed: 21st August 2019

Mr ronaldo is a 66 year old man and has been taking treatment equivalent to **Step 4** of the BTS / SIGN Asthma Guidelines. This is his **4th** entry to the Lung Health software.

Diagnosis

Main pointers to an asthma diagnosis include:

- Patient has had asthma symptoms for the last few years
- Patient has been on inhalers since childhood or for more than ten years

Other Supporting Information:

- When this patient gets a cold, it sometimes goes to his / her chest
- After exertion, this patient experiences worsening chest symptoms (and it responds to inhalers)
- Triggers:
 - Perfume fumes
 - Pets
 - Seasons
 - Pollen
- Patient has previously scored 2 or 3 on Royal College of Physicians (RCP) 3 Questions, indicating poor asthma control

Other Supportive Test Results:

- PEF Chart Variability

Today's Peak Flow

Today's PEF was recorded as **250** (L/min) which is **64%** of the patient's predicted value of **393** (L/min)

Personal Features

He is a non-smoker.

Control

Overall control has been assessed as **poor**. Their control is based on the following:

- The Royal College of Physicians Three Questions - 3/3 (high is poor)
- Score of 5/25 (high is good) on the Asthma Control Test
- The patient has had no exacerbations in the last 12 months
- The patient's PEF is 63.61% of expected

Drug Therapy

The therapy recommendation from this consultation is:

This patient has not responded as well as expected to Step 4/5 therapy and is reporting poor control. In the absence of obvious remediable factors the choices open to you are to reconsider the diagnosis, and then either to refer for specialist advice or perform more investigations yourself. You have chosen to continue management at the practice and to increase Step 4/5 therapy and to reassess in 3-6 month to assess the effect.

Salbutamol 100mcg breath actuated inhaler CFC free 2 doses, as required daily remains unchanged.

Spiriva 18mcg capsules 1 puff, once daily remains unchanged.

Fluticasone 250mcg/Salmeterol 25mcg inhaler CFC free 2 doses, twice daily remains unchanged.

Montelukast 10mg Tablets 1 tablet, once daily remains unchanged.

Patient is currently taking no non-respiratory medication

Other Checks and Advice

Inhaler technique with current medication has been checked and was found to be **adequate** for current devices

Checks on prescription collection suggest good concordance with therapy.

Aggravating Factors

Chest cold and exercise

He reports that his asthma is not worse with a cold and that its aggravated by exercise which does respond to an inhaler.

Atopy

He does not have hayfever/rhinitis.

Employment

He is not looking for work or retired.

No work related factors have been found.

Other Medical Conditions

No other medical conditions have been reported

Triggers

No triggers have been identified.

Vaccination Status

- The patient's flu vaccination is not up to date but the vaccine is not currently available.
- The patient's pneumococcal vaccination is not up to date but the vaccine is not currently available.

Education Materials and Management Plan

A written management plan has been supplied and it has been confirmed that the patient understands it.

Information about the Asthma UK online advice website has **not** yet been given to the patient.

Asthma UK online resources have **not** yet been given to the patient, and the patient has not been made aware of them.

QOF Codes Reported

		5-Byte v2	CTV3	Value
Asthma Register	Asthma	H33	H33..	
	Reversibility Peak flow rate before bronchodilation	339A	XaEHe	250
RCP 3 Questions	Asthma disturbing sleep	663N	663N.	
	Asthma daytime symptoms	663q	XaIIZ	
	Asthma restricts exercise	663e	663e.	
Smoking	Never smoked	1371	XE0oh	

Thank you for agreeing that your data may be used anonymously for the purposes of evaluating the asthma service and for research.

Nurse Summary

Nurse Name:	Nurse Signature:	Date:

GP Recommendations and Requests

I authorise the NSHI Nurse Advisor to implement the above medicinal/non-medicinal intervention(s) in line with the Practice Treatment Protocol on the practice computer system		
GP Name:	GP Signature:	Date:
Review appointment required? Yes/No	If Yes, give date:	