

Annual Review

Consultation Completed: 26th October 2017

Ms Jones is a 67 year old woman and has been taking treatment equivalent to **Step 2** of the BTS / SIGN Asthma Guidelines. This is her **2nd** entry to the Lung Health software.

Diagnosis

Main pointers to an asthma diagnosis include:

- Patient has been on inhalers since childhood or for more than ten years

Other Supporting Information:

- Patient has previously scored 2 or 3 on Royal College of Physicians (RCP) 3 Questions, indicating poor asthma control

Other Supporting Information:

- Management of an exacerbation in the practice

Other Supportive Test Results:

- Bronchodilator Reversibility (> 12% and 200 ml change in FEV1 or FVC)

Today's Peak Flow

Today's PEF was recorded as **400** (L/min) which is **105%** of the patient's predicted value of **382** (L/min)

Personal Features

She is an ex-smoker.

Control

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

- The Royal College of Physicians Three Questions - 0/3 (low is good)
- The patient has had no exacerbations in the last 12 months
- The patient used their reliever inhaler 1-2 times last week
- The patient's PEF is 104.71% of expected

Drug Therapy

The therapy recommendation from this consultation is:

This patient reports partial control on a low dose of inhaled steroid (Step 2). As control was less than good last time, consider increasing the dose of inhaler steroid or changing to an ICS/LABA combination inhaler and plan to review earlier than one year to assess whether this has achieved control.

The therapy of Bricanyl 500mcg Turbohaler 1 puff, as required daily has been changed to .

Qvar 100mcg Easi-Breathe inhaler 1 dose, twice 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 initially found to be **inadequate** for current devices. The following solutions were chosen:

- The inhaler technique has been corrected.

The technique is now considered **satisfactory**.

Checks on prescription collection suggest good concordance with therapy.

Aggravating Factors

Employment

No work related factors have been found.

Triggers

No triggers have been identified.

Vaccination Status

- Pneumococcal vaccination is not up to date, and **the patient should be booked in for a vaccination in the next few days / weeks.**

Education Materials and Management Plan

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

The Asthma UK online advice website URL has been given to the patient as a resource for them to review at home.

Asthma UK resources have been received offline.

A Peak Flow meter has been issued to the patient with the details:*standard*

QOF Codes Reported

		5-Byte v2	CTV3	Value
Asthma Register	Asthma	H33	H33..	
	Reversibility Peak flow rate before bronchodilation	339A	XaEHe	400
RCP 3 Questions	Asthma not disturbing sleep	663O	663O.	
	Asthma never causes daytime symptoms	663s	XaINa	
		663f	663f.	
	Asthma never restricts exercise			
Smoking	Ex-smoker (stopped more than 6 months)	137S	Ub1na	

Thank you for agreeing that your data may be used anonymously for the purposes of evaluating the asthma service. You have chosen that your data should not be used for any research process and that wish will be respected.

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:	