

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 **2nd** 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 **393** (L/min) which is **100%** of the patient's predicted value of **393** (L/min)

Personal Features

He is a non-smoker.

Control

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

- The Royal College of Physicians Three Questions - 0/3 (low is good)
- Score of 25/25 (high is good) on the Asthma Control Test
- The patient has had no exacerbations in the last 12 months
- The patient's PEF is 100.00% of expected

Drug Therapy

The therapy recommendation from this consultation is:

This patient's asthma control has been adequate for more than 3 months and so it is recommended to try stepping down therapy. Plan to review in one year.

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

The therapy of Fluticasone 250mcg/Salmeterol 25mcg inhaler CFC free 2 doses, twice daily has been changed to Fluticasone 125mcg/Salmeterol 25mcg inhaler CFC free 2 doses, twice daily.

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

He describes a number of specific triggers to his asthma:

- Certain seasons (*Summer worsening due to hayfever*)
- Pollen

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	393
RCP 3 Questions	Asthma not disturbing sleep	663O	663O.	
	Asthma never causes daytime symptoms	663s	XaINa	
	Asthma never restricts exercise	663f	663f.	
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:	