

## Initial Assessment Report

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**Consultation Completed: 18th August 2019**

Mr Savage is a 56 year old man and has been taking treatment equivalent to **Step 1** of the BTS / SIGN Asthma Guidelines. This is his **1<sup>st</sup>** entry to the Lung Health software.

### Diagnosis

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Main pointers to an asthma diagnosis include:

- Patient has had asthma symptoms for the last few years
- Reports symptomatic benefit from inhaled therapy

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
  - Passive Smoking
  - Pollen
  - Dust Mites
- Patient has concomitant eczema or hay fever

### Today's Peak Flow

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Today's PEF was recorded as **483** (L/min) which is **100%** of the patient's predicted value of **483** (L/min)

### Personal Features

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He is a non-smoker.

### Control

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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

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The therapy recommendation from this consultation is:

*This patient is on guidelines Step 1 therapy using Salbutamol 100mcg inhaler CFC free. They report good control and the plan is for them to continue with current therapy unchanged. Keep under annual review.*

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

Patient is currently taking no non-respiratory medication

## Other Checks and Advice

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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

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### 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.

There is a family history of atopy: *MOTHER HAD ECEZMA*

### Employment

He is not currently working as he is a parent or carer.

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:

- Fumes / Perfumes
- Passive smoking
- Pollen
- Dust mites

## Vaccination Status

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- The patient's flu vaccination is not up to date but the vaccine is not currently available.
- Pneumococcal vaccination is up to date and is not due for some time.

## Education Materials and Management Plan

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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

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		5-Byte v2	CTV3	Value
<b>Asthma Register</b>	Asthma	H33	H33..	
	<b>Reversibility</b> Peak flow rate before bronchodilation	339A	XaEHe	483
<b>RCP 3 Questions</b>	Asthma not disturbing sleep	663O	663O.	
	Asthma never causes daytime symptoms	663s	XaINa	
	Asthma never restricts exercise	663f	663f.	
<b>Smoking</b>	Never smoked	1371	XE0oh	

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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:	