

## Initial Assessment Report

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**Consultation Completed: 17th August 2019**

Mr Singh is a 46 year old man and has been taking treatment equivalent to **Step 3** 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 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:

- An observed response to therapy in the practice

Other Supportive Test Results:

- PEF Chart Variability

### Personal Features

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He is a non-smoker.

### Control

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

- The Royal College of Physicians Three Questions - 2/3 (high is poor)
- The patient has had no exacerbations in the last 12 months
- The patient used their reliever inhaler 3-4 times last week
- The patient's PEF is 69.81% of expected

## Drug Therapy

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The therapy recommendation from this consultation is:

*This patient is poorly controlled on Step 3 therapy. Both inhaler technique and adherence to medicines are reported to be good and there is no acute reason so consider stepping up therapy to regain control. You have chosen to step up to Step 4 therapy.*

*You have chosen to refer for specialist advice to referral to Dr Angus at Aintree.*

*Plan to review in 3 – 6 months to check that control is re-established.*

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

Budesonide 100mcg/Formoterol 6mcg dry powder inhaler 2 puffs, twice daily remains unchanged.

Montelukast 10mg Tablets 1 tablet, once daily has been started.

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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### Employment

No work related factors have been found.

### Triggers

No triggers have been identified.

## Vaccination Status

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- 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

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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.

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

## Referrals, Tests and Labs

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### Referrals

The following referrals should have been made:

- **Specialist Asthma Referral** - *referral to Dr Angus at Aintree*

### QOF Codes Reported

		5-Byte v2	CTV3	Value
<b>Asthma Register</b>	Asthma	H33	H33..	
	<b>Reversibility</b> Peak flow rate before bronchodilation	339A	XaEHe	400
<b>RCP 3 Questions</b>	Asthma disturbing sleep	663N	663N.	
	Asthma daytime symptoms	663q	XaIIZ	
	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:	