

## Initial Assessment Report

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### Consultation Completed:

Mr JP Test 100 is a 45 year old man who has had asthma since childhood 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 the Asthma Register since before 2006
- Patient has had asthma symptoms since childhood
- Reports symptomatic benefit from inhaled therapy

Other Supporting Information:

- After exertion, this patient experiences worsening chest symptoms
- Patient has previously scored 2 or 3 on Royal College of Physicians (RCP) 3 Questions, indicating poor asthma control
- Patient has concomitant eczema or hay fever

### 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 no times last week
- The patient's PEF is 100.00% of expected

### Clinical Examination

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The patient underwent a clinical examination today and the following abnormal findings were noted:

Other comments were noted:

sdasd sadd

## Drug Therapy

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The therapy recommendation from this consultation is: *This patient is poorly controlled on Step 3 therapy. Because inhaler technique have not been optimal there are three options...*

***You have noted that inhaler technique was inadequate and you have chosen to add a spacer. Please do this now and confirm you have done so below.***

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

Foradil 12mcg inhalation capsules with device 1 puff, once daily remains unchanged.

Beclometasone 100mcg inhalation blisters with device 1 puff, twice daily has been withdrawn.

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 initially found to be **inadequate** for current devices. The following solutions were chosen:

- A spacer has been added.

The technique is now considered **satisfactory**.

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 was given the flu vaccination today.
- The patient was given the pneumococcal vaccination today.

## 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: *asdas*

## Referrals, Tests and Labs

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### Referrals

The following referrals should have been made:

- **Specialist Asthma Referral** - *ghfh*

### Tests

The following tests were requested in the package and should be arranged:

- **PEF Charts**
- **Skin Allergy Test**

## 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	543
<b>RCP 3 Questions</b>	Asthma not disturbing sleep	663O	663O.	
	Asthma daytime symptoms	663q	XaIIZ	
	Asthma restricts exercise	663e	663e.	
<b>Smoking</b>	Never smoked	1371	XE0oh	

## 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:	