

## Initial Assessment Report

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**Consultation Completed: 2nd October 2017**

Mr Williams is a 32 year old man who has had asthma since before 2006 and has been taking treatment equivalent to **Step 2** 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 been on inhalers since childhood or for more than ten years

### Personal Features

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He is a person who continues to smoke.

### 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)
- 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

### Drug Therapy

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The therapy recommendation from this consultation is:

*This patient is reporting good control on a low dose of inhaled steroid (Step 2). Continue same therapy. Plan to review in one year.*

Terbutaline 500mcg dry powder inhaler 1 puff, twice daily remains unchanged.

Clenil Modulite 100mcg inhaler 2 doses, twice 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 poor 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 patient declines to have it.
- The patient's pneumococcal vaccination is not up to date but the patient declines to have it.

## 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.

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.

## 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	540
<b>RCP 3 Questions</b>	Asthma not disturbing sleep	663O	663O.	
	Asthma never causes daytime symptoms	663s	XaINa	
		663f	663f.	
	Asthma never restricts exercise			
<b>Smoking</b>	Current smoker	137R	137R.	

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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.

Review ID:1675

## 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:	