

Initial Assessment Report

Consultation Completed: 15th August 2019

Dr Singh is an 85 year old woman and has been on no asthma treatment. This is her 1st entry to the Lung Health software.

Diagnosis

Other Supporting Information:

- When this patient gets a cold, it sometimes goes to his / her chest
- After exertion, this patient experiences worsening chest symptoms
- Triggers:
 - Perfume fumes

Today's Peak Flow

Today's PEF was recorded as **350** (L/min) which is **91%** of the patient's predicted value of **383** (L/min)

Personal Features

She is a non-smoker.

Control

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

- The Royal College of Physicians Three Questions - 1/3 (high is poor)
- Score of 22/25 (high is good) on the Asthma Control Test
- The patient has had no exacerbations in the last 12 months
- The patient's PEF is 91.38% of expected

Drug Therapy

The therapy recommendation from this consultation is:

This patient is new to the system and has been on no previous asthma therapy.

Starting therapy depends on severity of symptoms, level of current control and is at the

*discretion of the treating doctor. Usually the choice will rest between Step 2 and Step 3 of the guidelines i.e. a preventer ICS inhaler at a dose between 200 and 800 mcg per day via a dry powder device with additional long acting beta agonists if current control is poor. The patient should be followed up after 4 weeks to assess response. Response should be assessed both from the change in reported symptoms **and** by the change in PEF and/or spirometric measurement.*

Beclometasone 100mcg inhalation capsules 2 puffs, twice daily has been started.

Patient is currently taking no non-respiratory medication

Other Checks and Advice

Inhaler technique with current medication has **not** been checked. Checking inhaler technique is a requirement for QOF. Please ensure that inhaler technique is checked at a future date as it has not been checked today.

Aggravating Factors

Chest cold and exercise

She reports that her asthma is not worse with a cold and that its aggravated by exercise which does not respond to an inhaler.

Atopy

She does not have hayfever/rhinitis.

Employment

She is currently in full time education.

No work related factors have been found.

Other Medical Conditions

No other medical conditions have been reported

Triggers

She describes a number of specific triggers to her asthma:

- Fumes / Perfumes

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	350
RCP 3 Questions	Asthma disturbing sleep	663N	663N.	
	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:	