

Initial Assessment Report

Consultation Completed: 28th December 2016

Test Patient is a 65 year old woman who has had asthma since before 2006 and has been taking treatment equivalent to **Step 2** of the BTS / SIGN Asthma Guidelines. This is her **1st** entry to the Lung Health software.

Diagnosis

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

She is a non-smoker.

Control

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

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.

Airomir 100mcg inhaler 2 doses, twice daily remains unchanged.

Asmabec 100 Clickhaler 1 puff, twice daily remains unchanged.

Patient is currently taking no non-respiratory medication

Other Checks and Advice

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

Employment

No work related factors have been found.

Triggers

No triggers have been identified.

Vaccination Status

- Flu vaccination is up to date this season. **An appointment for a flu vaccination should be made for next autumn.**
- Pneumococcal vaccination is up to date, and as they are aged over 65 they will not require it again.

Education Materials and Management Plan

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

		5-Byte v2	CTV3	Value
Asthma Register	Asthma	H33..	H33..	
	Reversibility Peak flow rate before bronchodilation	339A.	XaEHe	386
RCP 3 Questions	Asthma not disturbing sleep	6630.	6630.	
	Asthma never causes daytime symptoms	663s.	XaINa	
	Asthma never restricts exercise	663f.	663f.	
Smoking	Never smoked	1371.	UB0oq	

Thankyou for agreeing that your data may be used anonymously for the purposes of evaluating the asthma service and for research.

Review ID:159

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:	