

Initial Assessment Report

Consultation Completed: 4th March 2019

Mr hayden is a 39 year old man who has had asthma since before 2006 and has been taking treatment equivalent to **Step 5** of the BTS / SIGN Asthma Guidelines. This is his **2nd** 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 had asthma symptoms for the last few years
- Reports symptomatic benefit from inhaled therapy
- There is a record of a hospital report for this patient, confirming a diagnosis of asthma. The hospital report shows:

Other Supporting Information:

- When this patient gets a cold, it sometimes goes to his / her chest
- After exertion, this patient experiences worsening chest symptoms (and it responds to inhalers)
- Triggers:
 - Pollen
 - Dust Mites
- 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

Today's Spirometry

Today's FEV1 was recorded as **4.0** litres which is **98%** of the patient's predicted value of **4.1** litres

Personal Features

He is a non-smoker.

Control

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

- The Royal College of Physicians Three Questions - 3/3 (high is poor)
- Score of 13/25 (high is good) on the Asthma Control Test
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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:	