

Initial Assessment Report

Consultation Completed: 25th May 2019

Mr Gleeson is a 20 year old man and has been taking treatment equivalent to **Step 1** of the BTS / SIGN Asthma Guidelines. This is his **1st** entry to the Lung Health software.

Diagnosis

Main pointers to an asthma diagnosis include:

- Reports symptomatic benefit from inhaled therapy

Other Supporting Information:

- When this patient gets a cold, it always goes to his / her chest
- After exertion, this patient experiences worsening chest symptoms (and it responds to inhalers)
- Triggers:
 - Pets
 - 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 **102%** of the patient's predicted value of **4.9** litres

Personal Features

He is an ex-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 7/25 (high is good) on the Asthma Control Test
- The patient has had no exacerbations in the last 12 months
- The patient's FEV1 is 102% of expected

Clinical Examination

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

Other comments were noted:

CLEAR CHEST

Drug Therapy

The therapy recommendation from this consultation is:

This patient is reporting symptoms that should be controllable. Consider moving up to Step 2 by adding a low dose inhaled steroid.

Easyhaler Salbutamol 100mcg dry powder inhaler 2 puffs, as required daily remains unchanged.

Fostair 100mcg/6mcg Nexthaler 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 been checked and was found to be **adequate** for current devices

Checks on prescription collection suggest good concordance with therapy.

Aggravating Factors

Chest cold and exercise

He reports that his asthma is worse with a cold and that its aggravated by exercise which does respond to an inhaler.

Atopy

He has hayfever/rhinitis but does not think it interferes with his asthma.

There is a family history of atopy: *mother had asthma*

Employment

He is currently working in the spray painting industry, known to be high risk for asthma, but does not think work has any effect on his asthma

No work related factors have been found.

Other Medical Conditions

No other medical conditions have been reported

Triggers

He describes a number of specific triggers to his asthma:

- Pets / animals (*DOGS*)
- Pollen
- Dust mites

Vaccination Status

-
- Flu vaccination is up to date. **An appointment for a flu vaccination should be made for next autumn.**
 - Pneumococcal vaccination is up to date and is not due for some time.

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.

A Peak Flow meter has been issued to the patient with the details:*PEAK FLOW METER*

QOF Codes Reported

		5-Byte v2	CTV3	Value
Asthma Register	Asthma	H33	H33..	
Reversibility	Peak flow rate before	339A	XaEHe	5
	bronchodilation	339B	XaEGA	4
	Peak flow rate after bronchodilation			
RCP 3 Questions	Asthma disturbing sleep	663N	663N.	
	Asthma daytime symptoms	663q	XaIIZ	

	Asthma restricts exercise	663e	663e.
Smoking	Ex-smoker (stopped more than 6 months)	137S	Ub1na

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:32674

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:	