

Follow Up Review

Consultation Completed: 25th May 2019

Mr POLL is a 36 year old man and has been taking treatment equivalent to **Step 2** 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 had asthma symptoms for the last few years
- 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:
 - Other: *Viral infections*
- 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 Peak Flow

Today's PEF was recorded as **250** (L/min) which is **71%** of the patient's best value of **350** (L/min)

Personal Features

He is a person who continues to smoke.

He declined referral for anti smoking support.

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)

- The patient has had no exacerbations in the last 12 months
- The patient used their reliever inhaler 3-4 times last week
- The patient's PEF is 71.43% of expected

Drug Therapy

The therapy recommendation from this consultation is:

Because this is not the first time limited control has been noted, consider increasing the dose of inhaler steroid or switching to an ICS/LABA combination inhaler and plan to review earlier than one year to assess whether control has been regained.

Salamol 100mcg inhaler 2 doses, as required daily remains unchanged.

Beclometasone 250mcg inhaler 1 dose, twice daily has been withdrawn.

Symbicort 400/12 Turbohaler 1 puff, once 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

Employment

A possible work related factor has been noted.

Triggers

He describes a number of specific triggers to his asthma:

- Other (*Viral infections*)

Vaccination Status

- 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.

QOF Codes Reported

		5-Byte v2	CTV3	Value
Asthma Register Reversibility	Asthma	H33	H33..	
	Peak flow rate before bronchodilation	339A	XaEHe	250
RCP 3 Questions	Asthma disturbing sleep	663N	663N.	
	Asthma daytime symptoms	663q	XaIIZ	
	Asthma restricts exercise	663e	663e.	
Smoking	Current smoker	137R	137R.	

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.

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:	