

Initial Assessment Report

Consultation Completed: 16th August 2019

Mr Olsen is a 56 year old man and has been taking treatment equivalent to **Step 2** of the BTS / SIGN Asthma Guidelines. This is his **1st** entry to the Lung Health software.

Diagnosis

Main pointers to an asthma diagnosis include:

- Patient has been on inhalers since childhood or for more than ten years

Other Supporting Information:

- Patient has previously scored 2 or 3 on Royal College of Physicians (RCP) 3 Questions, indicating poor asthma control

Other Supporting Information:

- Management of an exacerbation in the practice

Other Supportive Test Results:

- Bronchodilator Reversibility (> 12% and 200 ml change in FEV1 or FVC)

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)
- The patient has had no exacerbations in the last 12 months
- The patient used their reliever inhaler 1-2 times last week
- The patient's PEF is 70.99% of expected

Clinical Examination

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

- BMI of 30.11 indicates the patient is obese

Drug Therapy

The therapy recommendation from this consultation is:

This patient reports poor control on a low dose of inhaled steroid Beclometasone 100mcg inhaler (Step 2). As this is the patient's first entry into the package, 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 this step up of therapy should be maintained permanently.

Salbutamol 100mcg breath actuated inhaler CFC free 2 doses, as required daily remains unchanged.

Beclometasone 100mcg inhaler 1 dose, twice daily remains unchanged.

Symbicort 100/6 Turbohaler 1 puff, 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

Employment

No work related factors have been found.

Triggers

No triggers have been identified.

Vaccination Status

- The patient's flu vaccination is not up to date but the vaccine is not currently available.

- 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.

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.

A Peak Flow meter has been issued to the patient with the details: *peak flow meter given*

QOF Codes Reported

		5-Byte v2	CTV3	Value
Asthma Register Reversibility	Asthma	H33	H33..	
	Peak flow rate before bronchodilation	339A	XaEHe	350
RCP 3 Questions	Asthma disturbing sleep	663N	663N.	
	Asthma daytime symptoms	663q	XaIIZ	
	Asthma restricts exercise	663e	663e.	
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:	