

## Follow Up Review

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**Consultation Completed: 18th August 2019**

Mr Savage is a 56 year old man and has been taking treatment equivalent to **Step 3** of the BTS / SIGN Asthma Guidelines. This is his **4<sup>th</sup>** entry to the Lung Health software.

### Diagnosis

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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 sometimes goes to his / her chest
- After exertion, this patient experiences worsening chest symptoms (and it responds to inhalers)
- Triggers:
  - Perfume fumes
  - Passive Smoking
  - 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 Peak Flow

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Today's PEF was recorded as **350** (L/min) which is **72%** of the patient's predicted value of **483** (L/min)

### Personal Features

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He is a non-smoker.

### Control

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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 72.46% of expected

## Drug Therapy

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The therapy recommendation from this consultation is:

*This patient is poorly controlled on Step 3 therapy. Both inhaler technique and adherence to medicines are reported to be good and there is no acute reason so consider stepping up therapy to regain control. You have chosen to step up to Step 4 therapy.*

*You have chosen to refer for specialist advice to referral to Dr Angus at Aintree.*

*Plan to review in 3 – 6 months to check that control is re-established.*

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

Fluticasone 125mcg/Salmeterol 25mcg inhaler CFC free 2 doses, twice daily remains unchanged.

Montelukast 10mg Tablets 1 tablet, once daily has been started.

Patient is currently taking no non-respiratory medication

## Other Checks and Advice

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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

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### Employment

No work related factors have been found.

### Triggers

He describes a number of specific triggers to his asthma:

- Fumes / Perfumes
- Passive smoking
- Pollen
- Dust mites

## Vaccination Status

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- 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

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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:*jjkss*

## Referrals, Tests and Labs

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### Referrals

The following referrals should have been made:

- **Specialist Asthma Referral** - *referral to Dr Angus at Aintree*

### QOF Codes Reported

		5-Byte v2	CTV3	Value
<b>Asthma Register</b>	Asthma	H33	H33..	
	<b>Reversibility</b> Peak flow rate before bronchodilation	339A	XaEHe	350
<b>RCP 3 Questions</b>	Asthma disturbing sleep	663N	663N.	
	Asthma daytime symptoms	663q	XaIIZ	
	Asthma restricts exercise	663e	663e.	
<b>Smoking</b>	Never smoked	1371	XE0oh	

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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:	