

Initial Assessment Report

Consultation Completed: 13th August 2019

Mr SCHOLLES is a 46 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:

- A hospital OPD assessment for asthma

Other Supportive Test Results:

- PEF Chart Variability

Personal Features

He is a non-smoker.

Control

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

- The Royal College of Physicians Three Questions - 1/3 (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 88.89% of expected

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.

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

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 patient declines to have it.
- 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.

QOF Codes Reported

		5-Byte v2	CTV3	Value
Asthma Register	Asthma	H33	H33..	
	Reversibility Peak flow rate before bronchodilation	339A	XaEHe	400
RCP 3	Asthma disturbing sleep	663N	663N.	
	Questions Asthma never causes daytime	663s	XaINa	

symptoms	663f	663f.
Asthma never restricts exercise		

Smoking	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.

Review ID:138

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:	