Annual Review

Consultation Completed: 18th August 2019

Mr Savage is a 56 year old man and has been taking treatment equivalent to **Step 1** 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 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

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

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 - 2/3 (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 72.46% 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.

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

Beclometasone 100mcg inhaler 1 dose, 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

He describes a number of specific triggers to his asthma:

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

Vaccination Status

- The patient's flu vaccincation 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 resouces 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:*jkjkssds*

QOF Codes Reported

		5-Byte v2	CTV3	Value
Asthma Register	Asthma	H33	H33..	
Reversibility	Peak flow rate before bronchodilation	339A	XaEHe	350
RCP 3 Questions	Asthma disturbing sleep	663N	663N.	
	Asthma daytime symptoms	663q	XaIIZ	
	Asthma never restricts exercise	663f	663f.	
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:	