

Initial Assessment Report

Consultation Completed: 17th July 2017

Mr mp is a 37 year old man and has been on no asthma treatment. 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

Other Supporting Information:

- When this patient gets a cold, it sometimes goes to his / her chest
- When this patient is on holiday, their chest is improved

Today's Peak Flow

Today's PEF was recorded as **150** (L/min) which is **27%** of the patient's predicted value of **563** (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 - 0/3 (low is good)
- Score of 12/25 (high is good) on the Asthma Control Test
- The patient has had no exacerbations in the last 12 months
- The patient's PEF is 26.64% of expected

Clinical Examination

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

- Pulse of 120 (bpm) is raised, and this took the patient into an exacerbation assessment
- Respiratory rate of 12 (breaths per minute) is unusually low
- Patient's trachea position is deviated left
- Patient's percussion was dull (cvbdf)

Drug Therapy

The therapy recommendation from this consultation is:

This patient is new to the system and has been on no previous asthma therapy.

*Starting therapy depends on severity of symptoms, level of current control and is at the discretion of the treating doctor. Usually the choice will rest between Step 2 and Step 3 of the guidelines i.e. a preventer ICS inhaler at a dose between 200 and 800 mcg per day via a dry powder device with additional long acting beta agonists if current control is poor. The patient should be followed up after 4 weeks to assess response. Response should be assessed both from the change in reported symptoms **and** by the change in PEF and/or spirometric measurement.*

Indacaterol 300mcg 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 **not** been checked. Checking inhaler technique is a requirement for QOF. Please ensure that inhaler technique is checked at a future date as it has not been checked today.

Aggravating Factors

Chest cold and exercise

He reports that his asthma is not worse with a cold.

Atopy

He does not have hayfever/rhinitis.

Employment

He is currently working in the spray painting industry, known to be high risk for asthma, but does not think work has any effect on his asthma

No work related factors have been found.

Other Medical Conditions

No other medical conditions have been reported

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.
- The patient's pneumococcal vaccination is not up to date but the patient declines to have it.

Education Materials and Management Plan

A written management plan has not been supplied or is not understood by the patient, with the reason: *xcvc*

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.

Referrals, Tests and Labs

Tests

The following tests were requested in the package and should be arranged:

- **Asthma Exercise Test**
- **Serum IGE**

QOF Codes Reported

		5-Byte v2	CTV3	Value
Asthma Register	Asthma	H33	H33..	
	Reversibility	339A	XaEHe	150
RCP 3 Questions	Peak flow rate before bronchodilation			
	Asthma not disturbing sleep	663O	663O.	
	Asthma never causes daytime symptoms	663s	XaINa	
	Asthma never restricts exercise	663f	663f.	
Smoking	Never smoked	1371	XE0oh	

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:	