impact

LungHealth
Asthma Guided Consultation

Initial Assessment Report

Consultation Completed: 17th August 2019

Mr ronaldo is a 66 year old man and has been taking treatment equivalent to **Step 4** 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 had asthma symptoms for the last few years
- Patient has been on inhalers since childhood or for more than ten years

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

Today's Peak Flow

Today's PEF was recorded as **300** (L/min) which is **76%** of the patient's predicted value of **393** (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 - 3/3 (high is poor)
- Score of 8/25 (high is good) on the Asthma Control Test

- The patient has had no exacerbations in the last 12 months
- The patient's PEF is 76.34% of expected

Clinical Examination

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

- BMI of 40.82 indicates the patient is obese

Drug Therapy

The therapy recommendation from this consultation is:

This patient's asthma control has not been good despite Step 4/5 asthma guidelines therapy, and checks on concordance and inhaler technique suggest it's being used properly. It's appropriate to consider stepping up therapy but first they are being referred for a specialist asthma clinic assessment.

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

Fluticasone 250mcg/Salmeterol 25mcg inhaler CFC free 2 doses, twice 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

Chest cold and exercise

He reports that his asthma is not worse with a cold and that its aggravated by exercise which does respond to an inhaler.

Atopy

He does not have hayfever/rhinitis.

Employment

He is not looking for work or retired.

No work related factors have been found.

Other Medical Conditions

No other medical conditions have been reported

Triggers

He describes a number of specific triggers to his asthma:

- Fumes / Perfumes
- Pets / animals (*dogs*)

Vaccination Status

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

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

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:*jkkjjk*

Referrals, Tests and Labs

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
Asthma Register	Asthma	H33	H33..	
Reversibility	Peak flow rate before bronchodilation	339A	XaEHe	300

RCP 3	Asthma disturbing sleep	663N	663N.
Questions	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.

Review ID:141

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:	