

## Follow Up Review

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**Consultation Completed: 28th December 2016**

Mr Testing Consent is a 34 year old man who has had asthma since before 2006 and has been taking treatment equivalent to **Step 2** of the BTS / SIGN Asthma Guidelines. This is his **12<sup>th</sup>** entry to the Lung Health software.

### Diagnosis

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Main pointers to an asthma diagnosis include:

- Patient has been on the Asthma Register since before 2006

Other Supporting Information:

- Triggers:
  - Seasons
  - Pollen
  - Mould
- Patient has previously scored 2 or 3 on Royal College of Physicians (RCP) 3 Questions, indicating poor asthma control

Other Supporting Information:

- Information following a hospital admission / emergency attendance

Other Supportive Test Results:

- Bronchial Hyper Reactivity (
- Bronchodilator Reversibility (> 12% and 200 ml change in FEV1 or FVC)

### Personal Features

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He is a person who continues to smoke.

He declined referral for anti smoking support.

### Control

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

- The Royal College of Physicians Three Questions - 0/3 (low is good)
- The patient has had no exacerbations in the last 12 months
- The patient used their reliever inhaler no times last week

## Drug Therapy

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The therapy recommendation from this consultation is:

*This patient is reporting good control on a low dose of inhaled steroid (Step 2). Control was also good 6 months ago, and if it has been stable over the whole period then consider if an even lower dose or step down may be appropriate. Plan to review in one year but make it clear that if stepping down causes symptoms to return the patient may resume their previous dosage.*

Easyhaler Salbutamol 200mcg dry powder inhaler 1 puff, twice daily remains unchanged.

Asmanex 400mcg Twisthaler 1 puff, once daily remains unchanged.

Patient is currently taking no non-respiratory medication

## Other Checks and Advice

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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

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### Employment

No work related factors have been found.

### Triggers

No triggers have been identified.

## Vaccination Status

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- Flu vaccination is up to date this season. **An appointment for a flu vaccination should be made for next autumn.**
- 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.

## QOF Codes Reported

		5-Byte v2	CTV3	Value
<b>Asthma Register</b>	Asthma	H33..	H33..	
<b>Reversibility</b>				
<b>RCP 3</b>	Asthma not disturbing sleep	6630.	6630.	
<b>Questions</b>	Asthma never causes daytime symptoms	663s.	XaINa	
		663f.	663f.	
	Asthma never restricts exercise			
<b>Smoking</b>	Current smoker	137R.	UB0oo	

Thankyou 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:	