

Initial Assessment Report

Consultation Completed: 16th December 2016

Ms Paper is a 61 year old woman who has had asthma since before 2006 and has been taking treatment equivalent to **Step 4** of the BTS / SIGN Asthma Guidelines. This is her **1st** entry to the Lung Health software.

Diagnosis

Main pointers to an asthma diagnosis include:

- Patient has been on the Asthma Register since before 2006
- Patient has had asthma symptoms for the last few years
- Patient has been on inhalers since childhood or for more than ten years

Today's Peak Flow

Today's PEF was recorded as **320** (L/min) which is **81%** of the patient's predicted value of **395** (L/min)

Personal Features

She is an ex-smoker.

Control

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)
- Score of 24/25 (high is good) on the Asthma Control Test
- The patient has had no exacerbations in the last 12 months
- The patient's PEF is 81.01% of expected

Clinical Examination

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

- Patient's percussion was unknown
- Patient's breath sounds were unknown

Drug Therapy

The therapy recommendation from this consultation is:

This patient's asthma control has been adequate. Maintain the same level of therapy. Plan to review in one year.

Ventolin 100mcg Evohaler 2 doses, as required daily remains unchanged.

Seretide 125 Evohaler 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

She reports that her asthma is not worse with a cold.

Atopy

She does not have hayfever/rhinitis.

Employment

She is currently working as a works in a school but does not think work has any effect on her 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

- 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.

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.

QOF Codes Reported

		5-Byte v2	CTV3	Value
Asthma Register	Asthma	H33	H33..	
Reversibility	Peak flow rate before bronchodilation	339A	XaEHe	320
RCP 3 Questions	Asthma not disturbing sleep	663O	663O.	
	Asthma never causes daytime symptoms	663s	XaINa	
	Asthma never restricts exercise	663f	663f.	
Smoking	Ex-smoker (stopped more than 6 months)	137S	Ub1na	

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:	