

Follow Up Review

Consultation Completed: 26th May 2019

Mr POLL is a 36 year old man and has been taking treatment equivalent to **Step 4** of the BTS / SIGN Asthma Guidelines. This is his **4th** 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 always goes to his / her chest
- After exertion, this patient experiences worsening chest symptoms (and it responds to inhalers)
- Triggers:
 - Other:
- 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

Other Supportive Test Results:

- PEF Chart Variability

Today's Peak Flow

Today's PEF was recorded as **200** (L/min) which is **57%** of the patient's best value of **350** (L/min)

Personal Features

He is a person who continues to smoke.

He was referred for anti smoking support in the last consultation.

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 6/25 (high is good) on the Asthma Control Test
- The patient has had no exacerbations in the last 12 months
- The patient's PEF is 57.14% of expected

Drug Therapy

The therapy recommendation from this consultation is:

This patient's asthma control has not been good despite Step 4 asthma guidelines therapy, and checks on concordance and inhaler technique suggest it's being used properly. You have chosen to increase the dose of oral steroids. Plan to reassess early e.g. 1-3 months, to assess the effect of this.

Salamol 100mcg inhaler 2 doses, as required daily remains unchanged.

Symbicort 400/12 Turbohaler 2 puffs, twice daily remains unchanged.

Prednisolone 5mg ec Tablets 5 tablets, once daily has been started.

Montelukast 10mg Tablets 1 tablet, once 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 worse with a cold and that its aggravated by exercise which does respond to an inhaler.

Atopy

He has hayfever/rhinitis but does not think it interferes with his asthma.

Employment

He is currently working in the food processing industry, known to be high risk for asthma, and there is concern that work may affect his asthma. The details given are: *worse at*

work.

No work related factors have been found.

Other Medical Conditions

Other medical conditions have been noted:

- Hypertension
- Heart Disease

Further details: *AF*

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.

Referrals, Tests and Labs

Referrals

The following referrals should have been made:

- **Smoking Cessation Referral** - *referral done*

QOF Codes Reported

		5-Byte v2	CTV3	Value
Asthma Register	Asthma	H33	H33..	
	Reversibility Peak flow rate before bronchodilation	339A	XaEHe	200
RCP 3	Asthma disturbing sleep	663N	663N.	

Questions	Asthma daytime symptoms	663q	XaIIZ
	Asthma restricts exercise	663e	663e.
Smoking	Current smoker	137R	137R.

Thank you for agreeing that your data may be used anonymously for the purposes of evaluating the asthma service. You have chosen that your data should not be used for any research process and that wish will be respected.

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:	