

Follow Up Review

Consultation Completed: 17th July 2017

Mr McKay5 is a 48 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 **2nd** entry to the Lung Health software.

Diagnosis

Main pointers to an asthma diagnosis include:

- Patient has been on the Asthma Register since before 2006
- Reports symptomatic benefit from inhaled therapy

Other Supporting Information:

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

Other Supporting Information:

- An observed response to therapy in the practice

Today's Peak Flow

Today's PEF was recorded as **110** (L/min) which is **18%** of the patient's best value of **600** (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)
- The patient has had no exacerbations in the last 12 months

- The patient used their reliever inhaler 3-4 times last week
- The patient's PEF is 18.33% of expected

Drug Therapy

The therapy recommendation from this consultation is:

This patient has an acute reason for being worse that may benefit from a temporary increase in current inhaled drugs.

Because this is not the first time limited control has been noted, consider increasing the dose of inhaler steroid or switching to an ICS/LABA combination inhaler and plan to review earlier than one year to assess whether control has been regained.

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

Easyhaler Budesonide 200mcg dry powder inhaler 1 puff, once daily remains unchanged.

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.

Checks on prescription collection suggest poor concordance with therapy.

Aggravating Factors

Employment

No work related factors have been found.

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.
- Pneumococcal vaccination is up to date and is not due for some time.

Education Materials and Management Plan

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

the reason: *dgd*

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
Asthma Register Reversibility	Asthma	H33	H33..	
	Peak flow rate before bronchodilation	339A	XaEHe	110
RCP 3 Questions	Asthma not disturbing sleep	663O	663O.	
	Asthma never causes daytime symptoms	663s	XaINa	
		663f	663f.	
	Asthma never restricts exercise			
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.

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:	