

GP consultation note

Synthetic Clinical Document - For Educational Use Only

Patient ID	P006	Document ID	P006-D01
Date	2026-08-16	Type	GP consultation note
Author	Gp	Recipient	-

Daisy Hill Medical Centre

GP consultation note

Date: 16 August 2026

Patient: Daniel Kim, 34-year-old male

GP: Dr Hannah Lee

Allergies: No known drug allergies

Background: Asthma, allergic rhinitis. Usually uses only an as-needed reliever.

Reason for contact

Urgent consultation for asthma symptoms.

History

Patient reports coryza with a runny nose over recent days. Since then he has noticed wheeze, night cough and has needed his salbutamol inhaler more often than usual. He reports waking at night with cough. He remains on cetirizine as required for hay fever. No other medication changes reported.

Patient-reported symptom onset documented 15 August 2026: coryza followed by wheeze, night cough and increasing salbutamol use.

Examination

Widespread expiratory wheeze. Speaking full sentences.

Assessment

Asthma exacerbation.

Plan

Start prednisolone 40 mg once daily for 5 days, started 16 August 2026, for asthma exacerbation.

Start budesonide/formoterol inhaler 1 inhalation twice daily and as directed for symptom relief, started 16 August 2026, for need for controller therapy after exacerbation.

Continue salbutamol inhaler as required.

Continue cetirizine 10 mg as required.

Inhaler technique and written action-plan review with practice nurse, due 23 August 2026.

Medication changes

Prednisolone 40 mg once daily - started 16 August 2026; intended duration 5 days; reason: asthma exacerbation.

Budesonide/formoterol inhaler 1 inhalation twice daily and as directed for symptom relief - started 16 August 2026; reason: need for controller therapy after exacerbation.

Follow-up

Practice nurse review due 23 August 2026 for inhaler technique and written action-plan review. Outstanding.

Safety-netting

Use written escalation advice. Attend ED if symptoms do not respond.