GP follow-up note

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Patient ID	P006	**Document ID**	P006-D05
Date	2026-08-22	**Type**	GP follow-up note
Author	Gp	**Recipient**	-

Patient: Daniel Kim

Age/Sex: 34 years, Male

Date: 22/08/2026

Clinician: Dr Hannah Lee

Location: Daisy Hill Medical Centre

Encounter: Post-ED follow-up

Reason for review

Review following emergency department attendance for an asthma exacerbation, to assess symptom resolution and confirm ongoing management.

History

Presented to Logan Hospital Emergency Department on 17/08/2026 with persistent wheeze despite initial treatment. Treated as an asthma exacerbation, with improvement after bronchodilator treatment and no focal signs of pneumonia. Discharged home on 18/08/2026 following sustained improvement, with no oxygen requirement. The GP-initiated regimen was continued on discharge, with early GP follow-up arranged.

Inhaler technique and written asthma action plan were reviewed with the practice nurse on 20/08/2026; spacer use was corrected.

Background: asthma and allergic rhinitis. Works full time and usually uses only an as-needed reliever. No known drug allergies.

Review today

Reports no nocturnal symptoms and minimal reliever use. Symptoms are controlled on the current regimen.

Assessment

Asthma exacerbation, now resolving, with good symptom control on the current maintenance regimen.

Medication changes

- Budesonide/formoterol inhaler - continued. Previous regimen: 1 inhalation twice daily. New regimen: 1 inhalation twice daily and as directed. Reason: symptoms controlled on new regimen.

Current medications

- Budesonide/formoterol inhaler 1 inhalation twice daily and as directed
- Prednisolone 40 mg once daily
- Salbutamol inhaler as required

- Cetirizine 10 mg as required

Plan / Follow-up

- Continue budesonide/formoterol maintenance therapy as above.
- Inhaler technique and written action-plan review completed 20/08/2026.
- GP review after ED attendance completed today (22/08/2026).
- No investigation results available at this review.

Safety-netting

Advised to return to the emergency department for inability to speak, cyanosis, or poor response to the reliever inhaler.