

Poor preventer adherence in an asthmatic patient



Assume that today's date is 22 October 2026. Mr Vargas came into the pharmacy this morning to collect another salbutamol inhaler. You are a community pharmacist. Using the information in the case notes, write a letter to Mr Vargas's GP, Dr Mette Schreiber, to update her on his asthma medication use, symptoms and inhaler technique, and to request a review. Address the letter to Dr Mette Schreiber, General Practitioner, The Medical Centre, 45 Main Street. In your answer: expand the relevant notes into complete sentences; do not use note form; use letter format. The body of the letter should be approximately 180–200 words.

Choose one box per line: I = Include / C = Compress / O = Omit. Answers and reasons are on the webpage (scan QR).

Patient details

1. Name: Mr Rodrigo Vargas
2. DOB: 14/03/1992 (34 yrs)
3. Address: 12 Park Lane
4. Regular GP: Dr Mette Schreiber

Social background

5. Forklift driver in warehouse; says workplace is dusty
6. Smokes 3–4 cigarettes/wk, socially
7. Plays five-a-side football weekly
8. Lives with partner; says partner 'nags him all the time about his snoring'
9. Complained about waiting 20 min in pharmacy queue today; 'staff too slow'

Medical history

10. Asthma since childhood; last hospital admission aged 15
11. Seasonal allergic rhinitis — OTC loratadine PRN
12. Tonsillectomy aged 8
13. Allergies: nil known
14. No written asthma action plan

Dispensing record

15. Fluticasone propionate 125 microg MDI, 1 puff BD — last dispensed 20/06/26 (1 inhaler ≈ 2/12 supply at prescribed dose)
16. Salbutamol 100 microg MDI, 1–2 puffs PRN — 6 inhalers dispensed 22/07/26–20/10/26 (≈ 3/12)

Counselling 22/10/26

17. Stopped preventer ≈ 2/12 ago when it ran out — 'felt fine'; worried steroids cause weight gain

Counselling 22/10/26

18. Waking with cough & wheeze 3–4 nights/wk over past 4/52
19. Uses reliever most days, incl. before football
20. No ED visits; denies chest pain; speaking in full sentences, no acute distress today
21. Inhaler technique: does not shake MDI, finishes inhaling before actuating, with no further inhalation after the puff, no breath-hold, no spacer
22. Says a friend told him salbutamol 'cures' asthma

Pharmacist action

23. Explained preventer vs reliever; addressed concerns re steroid side effects
24. Demonstrated MDI + spacer technique; pt demonstrated correct technique back
25. Spacer supplied; fluticasone dispensed today (valid repeat on script)
26. Advised: if severe breathlessness or reliever not helping → call 000
27. Smoking cessation advised; Quitline info given
28. Pt asked for cheaper loratadine — generic brand supplied
29. Phoned Dr Schreiber's surgery 22/10 — spoke to practice nurse; reliever overuse & nocturnal sx reported → GP triage today & earlier review requested

Plan

30. Request expedited GP review ASAP (not to wait for routine appt): asthma control, treatment, written asthma action plan
31. Pt has booked routine appt with Dr Schreiber 28/10/26 — retain as follow-up after earlier review
32. Pharmacy to recheck technique & adherence at next refill