

CASE STUDY - ASTHMA

Patient: Catherine, the year of birth 1983

Personal history:

- asthma, non-smoking, is not allergic to any drugs, does not perform asthma self-monitoring.
- Previously used only inhaled salbutamol. At present, worsening difficulties had to use salbutamol up to 6 times a week, began to wake up about once a week at night due to bouts of breathlessness. Therefore, it was now changed therapy (see Drug history)

Drug history:

Miflonid 400 inh. plv. 1 - 0 - 1

Ventolin inhaller N 1 to 2 breaths when you need

Tasks:

1. Perform an analysis of prescription drugs, give active substance classification according to ATC classification, a brief mechanism of action of individual products, check the dosage and method of use (morning / evening, before / after meals, etc.)
2. How strong degree of bronchial asthma patient can be classified? What is the classification according to severity of asthma?
3. On what side effects it is necessary to warn the patient when dispensing new drug (Miflonid 400)? And how to minimize potential adverse effects?
4. Explain the method of application of both patient's medication with regard to various drug forms.
5. How are performed in patients with bronchial asthma monitoring of their condition? Is this patient required regular self-monitoring?