The Newcastle upon Tyne Hospitals
NHS Trust

Freeman Hospital
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Directorate of Cardiothoracic Services

Dr A Consultant BMSc MBChB PhD
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Our Ref: KH/GI/MRN xxxxxxxx
NHS No:

Date: 19/03/2014
Clinic date: 19/03/2014
Dictated: 19/03/2014

Dear GP

Patient Name: dob:

Address:

Problems: Idiopathic Bronchiectasis diagnosed 2010
Previous cholecystectomy
5 exacerbations in past 12 months
FEV1 2.7 (85% predicted)
Recent growth of Haemophilus influenzae in sputum
Difficulty expectorating sputum

Medication: Mucodyne 750mg TDS

Management plan:

1. Emergency pack of antibiotics to be kept at home (Amoxicillin 500mg TDS for 14 days)
2. Referral to physiotherapist
3. Trial of azithromycin 500mg 3 times a week to be considered at next review

I reviewed A Patient in the bronchiectasis clinic. She reports having had 5 courses of antibiotics for chest infections over the past 12 months. Unfortunately it seems some of these courses were only for a week. The current guidelines recommend that patients with bronchiectasis should receive antibiotics for 14 days. We would be very grateful if future courses could be prescribed for 2 weeks rather than1. We hope that by ensuring that courses of antibiotics are for 2 weeks this will reduce the number of exacerbations A Patient

is having. If she continues to have frequent infections (more than 3 per year), we will offer her a trial of regular azithromycin three times a week.

A Patient's last few sputum samples have grown Haemophilus influenzae, which is sensitive to Amoxicillin. This should be the antibiotic of choice for future exacerbations, yet sputum samples should always be given prior to starting a course of antibiotics so that we can continue to monitor this. We have given A Patient an 'emergency' pack of Amoxicillin to keep at home for use when required.

A Patient is also having difficulty expectorating sputum. At her last visit we commenced mucodyne (carbocisteine), and although this has helped to some extent with sputum clearance, she is still having some difficulties. We have referred her to our chest physiotherapist for an assessment and training in chest clearance techniques, and she awaits that review.

A Patient's lung function remains stable with an FEV1 of 85% predicted, and she does not have a problem with breathlessness.

We will see her again in clinic in 4 months. Should A Patient have any problems in the meantime please do get in touch, she has the contact details of our specialist nurse should she need it also.

Yours sincerely,

Dr A Trainee, Specialist Registrar in CardioThoracic Services to:
Dr A Consultant BMSc MBChB PhD
Senior Lecturer and Honorary Consultant in Respiratory Medicine

CC:

A Patient

Chest Physiotherapist
Freeman Hospital