

13<sup>th</sup> June – Reading Part B

**Text 1 – Vocab:**

- To reinforce
- Phased approach
- Straightforward

1. What does the email **tell staff** about the update to asthma guidelines?

Not emphasis, there is a condition mentioned: "but..."

Comparison of strengths, not types

- (A) Objective testing is now given greater emphasis.
- (B) Comparison of medication types is now possible.
- (C) The stages of treatment are now easier to understand.

<b>To:</b>	All local GPs
<b>From:</b>	General Hospital
<b>Subject:</b>	Update to asthma guidelines

  

The updated national asthma guideline has now been published. The update focuses on the chapters on diagnosis and pharmacological therapy.

The updated Diagnosis chapter continues to reinforce the importance of proceeding towards a diagnosis based on the probability of asthma, and that asthma is a variable condition for which there is no definitive diagnostic test. It suggests that objective testing can be useful, but should take place in the context of a 'structured clinical assessment'.

In the Pharmacology chapter, there are some significant changes to the presentation of the familiar steps of asthma management, and to comparing inhaled corticosteroid (ICS) strengths. A phased approach to treatment is still recommended, but the numbering of the steps has been replaced by more helpful descriptions. The new banding of ICS by strength should be more accurate and straightforward in practice.



**Text 3 – Vocab:**

- Restricted
- Naïve
- Derive

3. What does the guideline extract **tell medical staff** about PPCA?

- (A) the **limitations** which **are being introduced** regarding its use
- (B) why it is now **considered appropriate** for **certain patients**
- (C) by which **delivery methods** it will be **permitted**

Historical, not present/future

No mention which ones will be allowed

**Proxy patient-controlled analgesia (PPCA) for paediatric patients**

The utilisation of PPCA, where analgesia **is controlled** by a patient's parent, **has historically been restricted** due to concerns over patient safety. Parental participation **has been limited** to assessment and reporting of their child's pain to healthcare professionals, rather than their being trained to take on responsibility for the administration of bolus doses of analgesia. **Although this is entirely appropriate in a patient population which is opiate naïve and with limited pain experience, the palliative care population has different characteristics. There, patients and parents are experienced in the assessment and management of pain, and in utilising oral, buccal and transdermal analgesic preparations including opioids.** The children who may derive enhanced pain management from this method of **analgesic delivery** are recognised to have experience of opiates during their illness trajectory, and be more likely to require assistance in initiating bolus analgesia as a result of their illness.

**Answers:**

- 1 C The stages of treatment are now easier to understand.
- 2 B be documented and deposited for safekeeping.
- 3 B why it is now considered appropriate for certain patients