

NRAP Good Practice Repository – Adult asthma



Lister Hospital  
East and North Hertfordshire NHS Trust

**KPI3:**  
**Systemic steroids within 1 hour**

*Lister Hospital achieved:*

**57% - 2022/23\***

\*% of patients submitted to the audit.



## Overview

As a team we outreach to A&E and the acute assessment areas as part of our Acute Chest Team. By doing so, we review the patients promptly and support the golden hour for treatment. We support the prescribing of prompt c prescription of corticosteroids where indicated.

We then review patients that attended the acute areas outside of our working hours. We do so by running a search of the ward areas and collecting the names of those patients that have been admitted with exacerbations of either COPD or Asthma then we review the patient of the ward they are admitted to ensure they have the holistic care we provide.

## Our processes to achieve good practice in KPI 3:

As a team we outreach to A&E and the acute assessment areas as part of our Acute Chest Team. By doing so, we review the patients promptly and support the golden hour for treatment

We have a 7 day service Acute Chest Team.

Our team are as one but we are allocated various roles within that.

We allocate a specialist nurse to the warded areas to ensure we don't miss patients already admitted outside of our working hours.

We use the CQUIN mandatory information and have formatted our own proforma to ensure we gather all the information, but reduce time by having a systematic approach to our proforma.



|                                                                                                                      |       |                                                               |              |
|----------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------------|--------------|
| If ACOS a senior Dr must decide if its Asthma or COPD that's primary                                                 |       | Nurse : _____                                                 |              |
| <b>Patient Name:</b>                                                                                                 |       | <b>DOB:</b>                                                   | <b>WARD:</b> |
| <b>NHS:</b>                                                                                                          | RWH:  | <b>Gender:</b> M / F / T / Other / not recorded               |              |
| <b>Postcode:</b>                                                                                                     |       | Ethnicity:                                                    |              |
| <b>ED (or AMUA) Arrival Date &amp; Time:</b> ___/___/___, ___:___                                                    |       |                                                               |              |
| <b>Medical clerking Date &amp; Time:</b> ___/___/___, ___:___                                                        |       |                                                               |              |
| <b>Respiratory r/v Date &amp; Time :</b> ___/___/___, ___:___                                                        |       |                                                               |              |
| <b>Smoking status:</b> Never/ Ex / Current / Ex&Vaping / Never but vaping / Cannabis / Shisha / Other / No record    |       |                                                               |              |
| Does the patient have current mental illness or cognitive impairment record?                                         |       |                                                               |              |
| No / Anxiety / Depression / Severe mental illness / Dementia / Mild Cognitive impairment / Other                     |       |                                                               |              |
| <b>Admission observations:</b> NEWS 2 Score: RR: BP: HR: A V P U C Temperature:                                      |       |                                                               |              |
| Spo2 Scale: 1 or 2 (Hypercapnic scale) Spo2: % on Air/ Oxygen                                                        |       |                                                               |              |
| Was <b>Oxygen Prescribed:</b> Yes / No / Not on O2   Was <b>oxygen used at any time</b> during inpatient stay? Y / N |       |                                                               |              |
| Was o2 <b>target range</b> identified: 88-92%   >94% not identified   other: _____                                   |       |                                                               |              |
| Diagnosis of T2RF?                                                                                                   | Y / N | NIV used as acute treatment? Y / N                            |              |
| Did the T2RF continue 1hr post acute treatment?                                                                      | Y / N | NIV start Date & time : ___/___/___ ___:___ Not recorded      |              |
| ABG: Date & Time ___/___/___ ___:___ Not recorded                                                                    |       | Where was NIV commenced: _____                                |              |
| Starting pH: _____ Starting PCO2: _____                                                                              |       |                                                               |              |
| <b>Spirometry</b> (record in notes if available) Y / N Pts most recent spiro DATE: ___/___/___.                      |       |                                                               |              |
| FEV1_____, ____% Not Recorded                                                                                        |       | Fev1/FVC ratio____ Not Recorded                               |              |
| Was <b>discharge care bundle</b> used: Y / N / self d/c.                                                             |       |                                                               |              |
| What is the <b>follow up plan:</b> phone[ ] or ICRS Ref [ ], Hot clinic [ ] Resp OPA [ ] none [ ]                    |       |                                                               |              |
| <b>CQUIN</b> details for database & Audit: MRC: _____ Freq Adm? Y / N MDT Referral Y/ N                              |       |                                                               |              |
| <b>checked inh</b> [ ] Discussed [ ] Declined [ ]                                                                    |       | <b>Co2</b> retainer: Y / N : <b>O2 card</b> given: Y / N      |              |
| <b>MP</b> given [ ] Has [ ] Declined [ ]                                                                             |       | Assess for PR: Ref [ ] NA [ ] Declined [ ] BLF Passport Y / N |              |
| <b>Ref to SC</b> Y / N / NA NRT Y / N / Decline                                                                      |       | <b>Rescue meds:</b> Y / N / ask GP <b>Wellbeing ref</b> Y / N |              |
| <b>DECAF</b> Score: Dyspnr MRC: 5a too SOB to leave house[ ] or 5b bedbound or cant wash/dress[ ]                    |       |                                                               |              |
| Eosin <0.05[ ]                                                                                                       |       | Cons on CXR[ ] A pH<7.30[ ] AF new or old[ ]                  |              |
| Medications prescribed Y/N                                                                                           |       | Medications Reviewed Y / N Discharge Alive / Died( circle)    |              |
| Date of Discharge/Death: ___/___/___                                                                                 |       | Added to the Audit database: Partly / Completely              |              |
| Comments:                                                                                                            |       |                                                               |              |

Adult asthma - Good Practice Repository – case study

National Respiratory Audit Programme

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|                                                                                                                                                 |            |                                                               |                                                               |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------------------------------------------------|---------------------------------------------------------------|------------------------------------------------------------|--|
| If ACOS a senior Dr must decide if its Asthma or COPD that's primary Nurse: _____.                                                              |            |                                                               |                                                               |                                                            |  |
| <b>Patient Name:</b>                                                                                                                            |            | <b>DOB</b>                                                    |                                                               | <b>WARD:</b>                                               |  |
| <b>NHS</b>                                                                                                                                      | <b>RWH</b> | <b>Gender:</b> M / F / T / Other /no record/prefer not to say |                                                               |                                                            |  |
| <b>Postcode:</b>                                                                                                                                |            | <b>Ethnicity:</b>                                             |                                                               |                                                            |  |
| <b>Arrival Date&amp;Time:</b> ___/___/___ :___                                                                                                  |            |                                                               | <b>Respiratory R/V Date&amp;Time:</b> ___/___/___ :___        |                                                            |  |
| <b>Which department did review/treatment start:</b> A&E / AMU / Direct Resp admission / OPA / Other                                             |            |                                                               |                                                               |                                                            |  |
| Does the patient have current mental illness or cognitive impairment record?                                                                    |            |                                                               |                                                               |                                                            |  |
| No / Anxiety / Depression / Severe mental illness / Dementia / Mild Cognitive impairment / Other                                                |            |                                                               |                                                               |                                                            |  |
| <b>Smoking status:</b> Never/ Ex / Current / Ex&Vaping / Never but vaping / Cannabis / Shisha / Other / No record                               |            |                                                               |                                                               |                                                            |  |
| <b>1st HR:</b> ___ bpm   <b>1st RR:</b> ___ bpm   <b>1st O2 Sats:</b> ___ % on Air/___l/m O2                                                    |            |                                                               |                                                               |                                                            |  |
| <b>1st PEF:</b> ___ L/min. Pt too unwell <input type="checkbox"/> No recorded <input type="checkbox"/> <b>Date &amp; Time:</b> ___/___/___ :___ |            |                                                               |                                                               |                                                            |  |
| <b>BPEF:</b> ___ L/min BPEF unknown/not recorded <input type="checkbox"/> <b>PPEF:</b> ___ L/min. Not recorded <input type="checkbox"/>         |            |                                                               |                                                               |                                                            |  |
| <b>Did the patient have:</b> PaO2 <8Kpa Y / N, PaCo2 4.6-6.0kpa Y / N, Raised PaCo2 or NIV Y / N, Silent chest Y / N                            |            |                                                               |                                                               |                                                            |  |
| Cyanosis Y / N, Poor Resp Effort Y / N, Hypotension Y / N, Exhaustion Y / N, Altered conscious levels Y / N                                     |            |                                                               |                                                               |                                                            |  |
| <b>Was Oxygen px'd to target:</b> Y / N Date/Time ___/___/___ :___ No record <input type="checkbox"/> <b>Was O2 administered?</b> Y/N           |            |                                                               |                                                               |                                                            |  |
| <b>Was pt given IV/Oral steroids:</b> Y / N <b>Date/Time:</b> ___/___/___ :___ No record <input type="checkbox"/>                               |            |                                                               |                                                               |                                                            |  |
| <b>Steroids 24hr prior to admission?</b> Y/N                                                                                                    |            |                                                               | <b>B2 prior to admission:</b> Y (1hr prior to arrival)/ N     |                                                            |  |
| <b>Was pt given B2:</b> Y / N <b>Date &amp; Time:</b> ___/___/___ :___ no record <input type="checkbox"/> not given <input type="checkbox"/>    |            |                                                               |                                                               |                                                            |  |
| Alive at Discharge: Y / N                                                                                                                       |            |                                                               | Date & Time of Discharge/Death: ___/___/___ :___              |                                                            |  |
| <b>Was discharge care bundle used:</b> Y / N / self d/c / Transferred to another hospital                                                       |            |                                                               |                                                               |                                                            |  |
| checked inh <input type="checkbox"/>                                                                                                            |            | Reg meds r/v <input type="checkbox"/>                         |                                                               |                                                            |  |
| Adherence discussed Y / N                                                                                                                       |            |                                                               | Triggers discussed Y / N                                      |                                                            |  |
| PAAP issued / reviewed Y / N                                                                                                                    |            |                                                               | (Ref to SC Y / N /NA.)                                        |                                                            |  |
| <b>What is the follow up plan:</b>                                                                                                              |            |                                                               |                                                               |                                                            |  |
| 48hr community r/v requested <input type="checkbox"/>                                                                                           |            | Resp r/v within 4/52 <input type="checkbox"/>                 |                                                               | Tel <input type="checkbox"/> none <input type="checkbox"/> |  |
| <b>Did pt have ICS at D/C:</b> Y / N                                                                                                            |            |                                                               | <b>Did pt receive at least 5 days of oral steroids:</b> Y / N |                                                            |  |
| <b>Has pt had &gt; 2 courses Steroids in last 12mths:</b> Y / N / Not recorded                                                                  |            |                                                               |                                                               |                                                            |  |
| Notes:                                                                                                                                          |            |                                                               |                                                               |                                                            |  |
| Added to the Asthma Audit database: Partly / Completely                                                                                         |            |                                                               | On Asthma Database: Emma <input type="checkbox"/>             |                                                            |  |



**Royal College  
of Physicians**

National Respiratory Audit  
Programme (NRAP)