**National Respiratory Audit Programme (NRAP)**

**Adult asthma audit: Data Collection Sheet**

**Version 3.2: September 2023**

Please note that where the response options are presented as circles (‘⃝’) you should select one option only; where they are presented as boxes (‘☐’), you can select multiple options. Please refer to the full clinical dataset and FAQs for further guidance.

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| **Arrival information** | | | |
| **Item** | **Question** | **Response** | |
| 1.1a | Date of arrival | **\_ \_ /\_ \_ /\_ \_ \_ \_** (dd/mm/yyyy) | |
| 1.1b | Time of arrival | **\_ \_ : \_ \_** (24hr clock 00:00) | |
| 1.2 | Which department did the patient receive their first review and treatment in? | ⃝ | Emergency department |
| ⃝ | Medical admissions unit |
| ⃝ | Direct respiratory admission |
| ⃝ | Direct admission to other department |
| ⃝ | Admission from hospital outpatients |

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| **Patient data** | | | |
| **Item** | **Question** | **Response** | |
| 2.1 | NHS number | **\_ \_ \_-\_ \_ \_-\_ \_ \_ \_**or **\_ \_ \_ \_ \_ \_ \_ \_ \_ \_**  (Must be a 10-digit number) | |
| 2.2 | Date of birth | **\_ \_ /\_ \_ /\_ \_ \_ \_** (dd/mm/yyyy) | |
| 2.3 | Gender | ⃝ | Male |
| ⃝ | Female |
| ⃝ | Transgender |
| ⃝ | Other |
| ⃝ | Not recorded/Preferred not to say |
| 2.4 | Home postcode | ***\_ \_ \_ \_ \_ \_ \_ \_***  (If the patient resides in the UK but has no fixed abode, enter [NFA]) | |
| 2.5 | Ethnicity | ⃝ | White British |
| ⃝ | White Irish |
| ⃝ | Any other White background |
| ⃝ | White and Black Caribbean |
| ⃝ | White and Black African |
| ⃝ | White and Asian |
| ⃝ | Any other mixed background |
| ⃝ | Indian |
| ⃝ | Pakistani |
| ⃝ | Bangladeshi |
| ⃝ | Any other Asian background |
| ⃝ | Caribbean |
| ⃝ | African |
| ⃝ | Any other Black background |
| ⃝ | Chinese |
| ⃝ | Any other ethnic group |
| ⃝ | Not known |
| ⃝ | Not recorded |
| 2.6 | Does this patient have a current mental illness or cognitive impairment recorded? | ☐ | No |
| ☐ | Anxiety |
| ☐ | Depression |
| ☐ | Severe mental illness |
| ☐ | Dementia / mild cognitive impairment |
| ☐  ☐ | Other  Not recorded |
| **Smoking status** | | | |
| 2.7 | Does the patient currently smoke, or have they a history of smoking any of the following substances? |  |  |
| 2.7a) Tobacco (including cigarettes (manufactured or rolled), pipe or cigars) | ⃝ | Never |
| ⃝ | Ex |
| ⃝ | Current |
| ⃝ | Not recorded |
| 2.7b) Shisha | ⃝ | Never |
| ⃝ | Ex |
| ⃝ | Current |
| ⃝ | Not recorded |
| 2.7c) Cannabis | ⃝ | Never |
| ⃝ | Ex |
| ⃝ | Current |
| ⃝ | No recorded |
| 2.7d) Other illicit substance | ⃝ | Never |
| ⃝ | Ex |
| ⃝ | Current |
| ⃝ | No recorded |
| 2.8 | What is the patient’s current vaping status? | ⃝ | Current vaper |
| ⃝ | Ex-vaper |
| ⃝ | Never vaped |
| ⃝ | Not recorded |

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| **Acute observations** | | | |
| **Item** | **Question** | **Response** | |
| 3.1 | What was the first recorded heart rate for the patient following arrival at hospital? | \_ \_ \_ BPM | |
| 3.2 | What was the first recorded respiratory rate for the patient following arrival at hospital? | \_ \_ BPM | |
| **Heart and respiratory rates** | | | |
| 3.3 | What was the first recorded oxygen saturation (SpO2) measurement for the patient following arrival at hospital? | \_ \_ \_% **or** | |
| ☐ | Not recorded |
| 3.3a | Was this measurement taken whilst the patient was on supplementary oxygen? | ⃝ | Yes |
| ⃝ | No – room air |
| ⃝ | Not recorded |
| **Peak flow** | | | |
| 3.4 | Was a peak flow measurement taken at any point during the patient’s admission? | ⃝ | Yes |
| ⃝ | No – patient unable to do PEF |
| ⃝ | No – not done |
| ⃝ | Not recorded |
| 3.4a | If yes (to Q3.4), what was the first recorded peak flow measurement? | **\_ \_ \_**L/min | |
| 3.4b | If yes (to Q3.2), what was the date of the first recorded peak flow measurement? | **\_ \_ /\_ \_ /\_ \_ \_ \_** (dd/mm/yyyy) **or** | |
| ☐ | Not recorded |
| 3.4c | If yes (to Q3.2), what was the time of the first recorded peak flow measurement? | **\_ \_ : \_ \_** (24hr clock 00:00) **or** | |
| ☐ | Not recorded |
| 3.5 | What was the patient’s previous best PEF? | **\_ \_ \_**L/min **or** | |
| ☐ | Not recorded |
| 3.5a | If previous best PEF = ‘Not recorded’ please give predicted PEF. | **\_ \_ \_**L/min **or** | |
| ☐ | Not recorded |
| **Additional information on admission** | | | |
| 3.6 | Did the patient experience any of the following below during admission | ☐ | Partial arterial pressure of oxygen (PaO2) < 8 kPa |
| ☐ | 'Normal' partial arterial pressure of carbon dioxide (PaCO2) (4.6–6.0 kPa) |
| ☐ | Raised PaCO2 and/or the need for mechanical ventilation with raised inflation pressures |
| ☐ | Breathlessness (the inability to complete sentences in one breath) |
| ☐ | Silent chest |
| ☐ | Cyanosis |
| ☐ | Poor respiratory effort |
| ☐ | Hypotension |
| ☐ | Exhaustion |
| ☐  ☐ | Altered conscious level  None |

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| **Acute Treatment** | | | |
| **Item** | **Question** | **Response** | |
| **Respiratory specialist review** | | | |
| 4.1 | Was the patient reviewed by a respiratory specialist during their admission? | ⃝ | Yes |
| ⃝ | No |
| 4.1a | Date of first review by a member of the respiratory team | **\_ \_ /\_ \_ /\_ \_ \_ \_** (dd/mm/yyyy) | |
| 4.1b | Time of first review by a member of the respiratory team | **\_ \_ : \_ \_** (24hr clock 00:00) | |
| **Oxygen, systemic steroids and β2 agonists** | | | |
| 4.2 | Was oxygen prescribed to a target range? | ⃝ | Yes |
| ⃝ | Yes – but date/time not recorded |
| ⃝ | No |
| 4.2a | Date of oxygen prescription: | **\_ \_ /\_ \_ /\_ \_ \_ \_** (dd/mm/yyyy) | |
| 4.2b | Time of oxygen prescription: | **\_ \_ : \_ \_** (24hr clock 00:00) | |
| 4.3 | Was oxygen administered to the patient at any point during their admission? | ⃝ | Yes |
| ⃝ | No |
| 4.4 | Was the patient administered systemic steroids (including oral or IV) following arrival at hospital? | ⃝ | Yes |
| **OR** | |
| ⃝ | Not administered |
| 4.4a | Date steroids first administered: | **\_ \_ /\_ \_ /\_ \_ \_ \_** (dd/mm/yyyy) | |
| 4.4b | Time steroids first administered: | **\_ \_ : \_ \_** (24hr clock 00:00) | |
| 4.5 | Was the patient administered systemic steroids in the 24 hours prior to their arrival at hospital for this asthma attack? | ⃝ | Yes |
| ⃝ | No |
| 4.6 | Was the patient administered β2 agonists prior to their arrival at hospital for this asthma attack? | ⃝ | Yes – up to 1 hour prior to arrival |
| ⃝ | No |
| 4.7 | Was the patient administered β2 agonists (including nebulised and MDI with spacers) following arrival at hospital? | ⃝ | Yes |
| ⃝ | Not administered |
| 4.7a | Date of β2 agonists |  | **\_ \_ / \_ \_ / \_ \_ \_ \_** (dd/mm/yyyy) |
| 4.7b | Time of β2 agonists |  | **\_ \_ : \_ \_** (24hr clock 00:00) |

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| **Review and discharge** | | | |
| **Item** | **Question** | **Response** | |
| **Discharge/Death** | | | |
| 5.1 | Was the patient alive at discharge from your hospital? | ⃝ | Alive |
| ⃝ | Died as inpatient |
| 5.2a | Date of discharge/transfer/death | **\_ \_ / \_ \_ / \_ \_ \_ \_** | |
| 5.2b | Time of discharge/transfer/death | **\_ \_ : \_ \_** | |
| **Discharge care** | | | |
| 5.3 | Was a discharge bundle completed for this admission? | ⃝ | Yes |
| ⃝ | No |
| ⃝ | Self-discharge |
| ⃝ | Patient transferred to another hospital |
| 5.4 | Which of the following specific elements of good practice care were undertaken as part of the patient’s discharge? | ☐ | Inhaler technique checked |
| ☐ | Maintenance medication reviewed |
| ☐ | Adherence discussed |
| ☐ | PAAP issued/reviewed |
| ☐ | Asthma triggers discussed |
| ☐ | Tobacco dependency addressed |
| ☐ | Community follow up requested within 2 working days |
| ☐ | Specialist review requested within 4 weeks |
| **OR** | |
| ☐ | None |

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| **Steroids and referral for hospital review** | | | |
| **Item** | **Question** | **Response** | |
| **Discharge/Death** | | | |
| 6.1 | Was the patient in receipt of inhaled steroids at discharge? | ⃝ | Yes |
| ⃝ | No |
| ⃝ | Not prescribed for medical reasons |
| **Oral steroids and hospital assessment** | | | |
| 6.2 | Was the patient prescribed at least 5 days of oral steroids for treatment of their asthma attack? | ⃝ | Yes |
| ⃝ | No |
| 6.3 | Has the patient been prescribed more than 2 courses of rescue/emergency oral steroids in the last 12 months for acute attacks of asthma? | ⃝ | Yes  No |
| ⃝ |
| ⃝ | Not recorded |