**National Respiratory Audit Programme (NRAP)**

**COPD Secondary care audit - clinical audit data collection sheet**

Version 4.1: 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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| **1.1 Arrival information** | | |
| **Item** | **Question** | **Response** |
| 1.1a | Date of arrival at your hospital: | \_ \_/\_ \_/\_ \_ \_ \_ (dd/mm/yyyy) |
| 1.1b | Time of arrival at your hospital: | \_ \_:\_ \_ (24 hr clock 00:00) |

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| 1. **Patient data** | | | |
| **Item** | **Question** | **Response** | |
| 2.1 | NHS number: | \_ \_ \_- \_ \_ \_- \_ \_ \_ \_ (10 digits) | |
| 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: | \_ \_ \_ \_ \_ \_  Use '[NFA]’ for patients with no fixed abode. | |
| 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/None |
| ☐ | Anxiety |
| ☐ | Depression |
| ☐ | Severe mental illness |
| ☐ | Dementia / mild cognitive impairment |
| ☐ | Other |
| ☐ | Not recorded |
| 2.7 | Does the patient currently smoke, or have they a history of smoking any of the following substances? |  | |
| Tobacco (including cigarettes (manufactured or rolled), pipe or cigars) | ⃝ | Never |
| ⃝ | Ex |
| ⃝ | Current |
| ⃝ | Not recorded |
| Shisha | ⃝ | Never |
| ⃝ | Ex |
| ⃝ | Current |
| ⃝ | Not recorded |
| Cannabis | ⃝ | Never |
| ⃝ | Ex |
| ⃝ | Current |
| ⃝ | Not recorded |
| Other illicit substance | ⃝ | Never |
| ⃝ | Ex |
| ⃝ | Current |
| ⃝ | Not recorded |
| 2.8 | What is the patient’s current vaping status? | ⃝ | Never vaped |
| ⃝ | Ex-vaper |
| ⃝ | Current vaper |
| ⃝ | Not recorded |

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| 1. **Acute observations – National Early Warning Score (NEWS) 2** | | | |
| **Item** | **Question** | **Response** | |
| 3.1 | What was the patient’s first recorded NEWS 2 score for this admission? | ⃝ | Score not available |
| ⃝ | Calculate score |
| ⃝ | 0 |
| ⃝ | 1 |
| ⃝ | 2 |
| ⃝ | 3 |
| ⃝ | 4 |
| ⃝ | 5 |
| ⃝ | 6 |
| ⃝ | 7 |
| ⃝ | 8 |
| ⃝ | 9 |
| ⃝ | 10 |
| ⃝ | 11 |
| ⃝ | 12 |
| ⃝ | 13 |
| ⃝ | 14 |
| ⃝ | 15 |
| ⃝ | 16 |
| ⃝ | 17 |
| ⃝ | 18 |
| ⃝ | 19 |
| ⃝ | 20 |
| 3.1a | What was the first recorded respiratory rate for the patient following arrival at hospital? | \_ \_ BPM | |
| 3.1b | SpO2 Oxygen Scale | ⃝ | Scale 1 |
| ⃝ | Scale 2 (hypercapnic respiratory failure) |
| 3.1c | SpO2 Oxygen Saturation | \_ \_ \_% | |
| 3.1d | Any Supplemental Oxygen | ⃝ | Air |
| ⃝ | Oxygen |
| 3.1e | Systolic Blood Pressure | \_ \_ \_mmHg | |
| 3.1f | Pulse | \_ \_ \_BPM | |
| 3.1g | Consciousness | ☐ | Alert |
| ☐ | Voice |
| ☐ | Pain |
| ☐ | Unresponsive |
| ☐ | Confusion |
| 3.1h | Temperature | \_ \_oC | |
| 3.2 | NEWS2 overall total | **Updated after saving** | |

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| 1. **Admission** | | |
| **Item** | **Question** | **Response options** |
| 4.1a | Date of admission to unit: | \_ \_/\_ \_/\_ \_ \_ \_ (dd/mm/yyyy) |
| 4.1b | Time of admission to unit: | \_ \_:\_ \_ (24hr clock 00:00) |

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| 1. **Respiratory specialist review** | | | |
| **Item** | **Question** | **Response options** | |
| 5.1 | Was the patient reviewed by a member of the respiratory team during their admission? | ⃝ | No |
| ⃝ | Yes |
| 5.1a | If yes, what was the date of first review by a member of the respiratory team | \_ \_/\_ \_/\_ \_ \_ \_ (dd/mm/yyyy) | |
| 5.1b | If yes, what was the time of first review by a member of the respiratory team | \_ \_:\_ \_ (24hr clock 00:00) | |

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| 1. **Oxygen** | | | |
| **Item** | **Question** | **Response options** | |
| 6.1 | Was oxygen prescribed for the patient at any point during this admission? | ⃝ | No |
| ⃝ | Yes |
| 6.1a | If yes, was oxygen prescribed to a stipulated target range? | ⃝ | 88-92% |
| ⃝ | 94-98% |
| ⃝ | Target range not stipulated |
| ⃝ | Other target range stipulated |
| 6.1b | If 'Other' - please specify: |  | |
| 6.2 | Was oxygen administered to the patient at any point during this admission? | ⃝ | Yes |
| ⃝ | No |

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| 1. **Non Invasive Ventilation (NIV)** | | | |
| **Item** | **Question** | **Response options** | |
| 7.1 | Did the patient receive a diagnosis of acidotic hypercapnic ventilatory failure according to their blood gases at any point during admission? | ⃝ | No |
| ⃝ | Yes |
| 7.2 | Did the patient receive a continued diagnosis of acidotic hypercapnic ventilatory failure according to their blood gases after receiving 1 hour of optimal medical treatment? | ⃝ | No |
| ⃝ | Yes |
| 7.2a | Date and time of blood gas measurement in 7.2 | \_ \_/\_ \_/\_ \_ \_ \_ (dd/mm/yyyy) | |
| 7.2b | Time of blood gas measurement in 7.2 | \_ \_:\_ \_ (24hr clock 00:00) | |
| 7.3 | Did the patient receive acute treatment with NIV? | ⃝ | No |
| ⃝ | Yes |
| 7.3a | On what date did NIV first commence | \_ \_/\_ \_/\_ \_ \_ \_ (dd/mm/yyyy) **Or** | |
| ⃝ | Not recorded |
| 7.3b | At what time did NIV first commence | \_ \_:\_ \_ (24hr clock 00:00) **Or** | |
| ⃝ | Not recorded |
| 7.4 | Where was NIV commenced? | ⃝ | Emergency department |
| ⃝ | Medical admissions unit |
| ⃝ | Respiratory support unit |
| ⃝ | ICU |
| ⃝ | High dependency unit |
| ⃝ | Respiratory ward |
| ⃝ | General ward |
| ⃝ | Other |

| 1. **Spirometry** | | | | |
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| **Item** | **Question** | **Response options** | | |
| 8.1 | What was the patient’s most recently recorded FEV1 % predicted? | \_ \_ \_% (Enter a percentage between 15-125) **Or** | | |
| ⃝ | | Not recorded |
| 8.1a | Date of last recorded FEV1 % predicted: | \_ \_/\_ \_/\_ \_ \_ \_ (dd/mm/yyyy) **Or** | | |
| ⃝ | | Not recorded |
| 8.2 | What was the most recently recorded FEV1/FVC ratio? | \_. \_ \_ (Enter a value between 0.2 and 0.95) **Or** | | |
| ⃝ | | Not recorded |
| 8.2a | Date of last recorded FEV1/FVC ratio: | \_ \_/\_ \_/\_ \_ \_ \_ (dd/mm/yyyy) **Or** | | |
| ⃝ | Not recorded | |

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| 1. **Discharge** | | | |
| **Item** | **Question** | **Response options** | |
| 9.1 | Was the patient alive at discharge from your hospital? | ⃝ | Alive |
| ⃝ | Died as inpatient |
| 9.2 | Date of discharge / death | \_ \_/\_ \_/\_ \_ \_ \_ (dd/mm/yyyy) | |
| 9.3 | Was a discharge bundle completed for this admission? | ⃝ | Yes |
| ⃝ | No |
| ⃝ | Self-discharge |
| 9.4 | Which of the following specific elements of good practice care were undertaken as part of the patient's discharge (they may be a component of the discharge bundle? | ☐ | Inhaler technique |
| ☐ | Medication assessment |
| ☐ | Self-management plan |
| ☐ | Emergency drug pack |
| ☐ | Emergency drug pack not provided |
| ☐ | Oxygen alert |
| ☐ | Smoking cessation |
| ☐ | Pulmonary rehabilitation |
| ☐ | Follow up requests |
| ☐ | Multidisciplinary team meeting (MDT) |
| ☐ | BLF patient passport |
| ☐ | None |