



National Respiratory Audit Programme (NRAP)

COPD Secondary care audit - clinical audit data collection sheet

Version 5.1: April 2024

Please refer to the full clinical dataset and FAQs for further guidance.

| 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) |
| 1.2 | Which department did the patient receive their first review and treatment in? | <input type="radio"/> Emergency department <input type="radio"/> Acute medical unit (AMU) <input type="radio"/> Direct respiratory admission <input type="radio"/> Direct admission to other department <input type="radio"/> Admission from hospital outpatients Can select <u>one</u> option only. |

| 2. Patient data | | |
|-----------------|----------------|---|
| Item | Question | Response |
| 2.1 | NHS number: | ____-____-____ (10 digits) |
| 2.2 | Date of birth: | __/__/____ (dd/mm/yyyy) |
| 2.3 | Gender: | <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender <input type="radio"/> Other <input type="radio"/> Not recorded/Preferred not to say |
| 2.4 | Home postcode: | _____ Use '[NFA]' for patients with no fixed abode. |
| 2.5 | Ethnicity | <input type="radio"/> White British <input type="radio"/> White Irish <input type="radio"/> Any other White background <input type="radio"/> White and Black Caribbean <input type="radio"/> White and Black African <input type="radio"/> White and Asian <input type="radio"/> Any other mixed background <input type="radio"/> Indian <input type="radio"/> Pakistani <input type="radio"/> Bangladeshi <input type="radio"/> Any other Asian background <input type="radio"/> Caribbean <input type="radio"/> African <input type="radio"/> Any other black background |



| | | |
|------|--|---|
| | | <input type="radio"/> Chinese <input type="radio"/> Any other ethnic group <input type="radio"/> Not known <input type="radio"/> Not recorded |
| 2.6 | Does this patient have a current mental illness or cognitive impairment recorded? | <input type="checkbox"/> No/None <input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Severe mental illness <input type="checkbox"/> Dementia / mild cognitive impairment <input type="checkbox"/> Other <input type="checkbox"/> 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) | <input type="radio"/> Never <input type="radio"/> Ex <input type="radio"/> Current <input type="radio"/> Not recorded |
| | Shisha | <input type="radio"/> Never <input type="radio"/> Ex <input type="radio"/> Current <input type="radio"/> Not recorded |
| | Cannabis | <input type="radio"/> Never <input type="radio"/> Ex <input type="radio"/> Current <input type="radio"/> Not recorded |
| | Other illicit substance | <input type="radio"/> Never <input type="radio"/> Ex <input type="radio"/> Current <input type="radio"/> Not recorded |
| 2.8 | Was the patient reviewed by a tobacco dependence specialist during their inpatient admission? | <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Declined <input type="radio"/> Not known |
| 2.8a | Was the patient offered nicotine replacement therapy during their inpatient admission? | <input type="radio"/> No <input type="radio"/> Yes |



| | | |
|------|---|--|
| | | <input type="radio"/> Declined <input type="radio"/> Not known |
| 2.8b | Was the patient prescribed nicotine replacement therapy during their inpatient admission? | <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Declined <input type="radio"/> Not known |
| 2.9 | Does the patient currently use a vape or electronic cigarette? | <input type="radio"/> Never <input type="radio"/> Ex <input type="radio"/> Current <input type="radio"/> Not recorded |

3. 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? | <input type="radio"/> Score not available <input type="radio"/> Calculate score <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 <input type="radio"/> 20 |
| 3.1a | What was the first recorded respiratory rate for the patient following arrival at hospital? | -- BPM |
| 3.1b | What was the first recorded NEWS 2 SpO2 Oxygen Scale? | <input type="radio"/> Scale 1 <input type="radio"/> Scale 2 (hypercapnic respiratory failure) |
| 3.1c | What was the first recorded SpO2 Oxygen saturation? | ---% |
| 3.1d | What was the first recorded any supplemental oxygen? | <input type="radio"/> Air <input type="radio"/> Oxygen |
| 3.1e | What was the first recorded systolic blood pressure? | ---mmHg |



| | | |
|------|---|--|
| 3.1f | What was the first recorded pulse? | ___BPM |
| 3.1g | What was the first recorded level of consciousness? | <input type="checkbox"/> Alert <input type="checkbox"/> Voice <input type="checkbox"/> Pain <input type="checkbox"/> Unresponsive <input type="checkbox"/> Confusion |
| 3.1h | What was the first recorded temperature? | ___°C |
| 3.2 | NEWS2 overall total | Webtool will calculate after saving |

4. Admission

| Item | Question | Response options |
|------|-------------------------------|--------------------------|
| 4.1 | Date and time of admission | |
| 4.1a | Date of admission to hospital | __/__/____ (dd/mm/yyyy) |
| 4.1b | Time of admission to hospital | __:__ (24hr clock 00:00) |

5. Respiratory specialist review

| Item | Question | Response options |
|------|--|---|
| 5.1 | Was the patient reviewed by a member of the respiratory team during their admission? | <input type="radio"/> No <input type="radio"/> 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) |

6. Oxygen

| Item | Question | Response options |
|------|--|--|
| 6.1 | Was oxygen administered to the patient at any point during this admission? | <input type="radio"/> No <input type="radio"/> Yes |
| 6.2 | Did the patient have a target oxygen saturation range set? | <input type="radio"/> No <input type="radio"/> Yes |
| 6.2a | If yes, what was the target oxygen saturation range? | <input type="radio"/> 88-92% <input type="radio"/> 94-98% <input type="radio"/> Target range not stipulated <input type="radio"/> Other target range stipulated |
| 6.2b | If 'Other' – please specify: | |
| 6.3 | Was oxygen prescribed for the patient at any point during their admission? | <input type="radio"/> No <input type="radio"/> Yes |
| 6.3a | If yes, was oxygen prescribed to a stipulated target range? | <input type="radio"/> 88-92% <input type="radio"/> 94-98% <input type="radio"/> Target range not stipulated <input type="radio"/> Other target range stipulated |



| | | |
|------|--|---|
| 6.3b | If other – please specify: | |
| 6.3c | If yes, was the correct target oxygen saturation range prescribed for the patient? | <input type="radio"/> No <input type="radio"/> Yes |

7. Non Invasive Ventilation (NIV)

| Item | Question | Response options |
|------|---|--|
| 7.1 | Was an arterial blood gas measurement taken? | <input type="radio"/> No <input type="radio"/> Yes |
| 7.1a | Date of 1st arterial blood gas | __/__/____ (dd/mm/yyyy) |
| 7.1b | Time of 1st arterial blood gas | __:__ (24hr clock 00:00) |
| 7.2 | Did the patient receive a diagnosis of acidotic hypercapnic ventilatory failure according to their blood gases at any point during admission? | <input type="radio"/> No <input type="radio"/> Yes |
| 7.2a | Date of arterial blood gas measurement demonstrating acidotic hypercapnic ventilatory failure. | __/__/____ (dd/mm/yyyy) |
| 7.2b | Time of arterial blood gas measurement demonstrating acidotic hypercapnic ventilatory failure | __:__ (24hr clock 00:00) |
| 7.3 | Did the patient receive acute treatment with NIV? | <input type="radio"/> No <input type="radio"/> Yes |
| 7.3a | Date NIV first commenced | __/__/____ (dd/mm/yyyy) |
| 7.3b | Time NIV first commenced | __:__ (24hr clock 00:00) |
| 7.3c | Where was NIV commenced? | <input type="radio"/> Emergency department <input type="radio"/> Acute medical unit <input type="radio"/> Respiratory support unit <input type="radio"/> ICU <input type="radio"/> High dependency unit <input type="radio"/> Respiratory ward <input type="radio"/> General ward <input type="radio"/> Other |

8. Spirometry

| Item | Question | Response options |
|------|---|--|
| 8.1 | What was the patient's most recently recorded FEV1 % predicted? | ___% (Enter a percentage between 15-125) Or <input type="radio"/> Not recorded |
| 8.1a | Date of last recorded FEV1 % predicted: | __/__/____ (dd/mm/yyyy) Or <input type="radio"/> Not recorded |



| 8. Spirometry | | |
|---------------|---|--|
| Item | Question | Response options |
| 8.2 | What was the most recently recorded FEV1/FVC ratio? | <input type="text"/> (Enter a value between 0.2 and 0.95) Or <input type="radio"/> Not recorded |
| 8.2a | Date of last recorded FEV1/FVC ratio: | <input type="text"/> (dd/mm/yyyy) Or <input type="radio"/> Not recorded |
| 8.3 | Where was the patient's most recent spirometry performed? | <input type="radio"/> Secondary care <input type="radio"/> Primary care or community <input type="radio"/> Not known |

| 9. Discharge | | |
|--------------|--|--|
| Item | Question | Response options |
| 9.1 | Was the patient alive at discharge from your hospital? | <input type="radio"/> Alive <input type="radio"/> Died as inpatient |
| 9.2 | Date of discharge / death | <input type="text"/> (dd/mm/yyyy) |
| 9.3 | Was a discharge bundle completed for this admission? | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Self-discharge |
| 9.4 | Which of the following specific elements of a discharge bundle were undertaken as part of the patient's discharge: | <input type="radio"/> Inhaled therapy reviewed and optimised and inhaler technique checked <input type="radio"/> Self management plan <input type="radio"/> Smoking cessation <input type="radio"/> Pulmonary rehabilitation <input type="radio"/> Follow up requests <input type="radio"/> Emergency drug pack provided <input type="radio"/> Emergency drug pack not provided <input type="radio"/> None of the above |
| 9.5 | Which additional elements of good practice were undertaken as part of the patient's discharge: | <input type="radio"/> Oxygen alert <input type="radio"/> Multidisciplinary team meeting (MDT) <input type="radio"/> COPD clinic <input type="radio"/> None of the above |