



## National Respiratory Audit Programme (NRAP)

### Adult asthma audit: Data Collection Sheet

Version 4.2: April 2024

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.

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?	<input type="radio"/> Emergency department <input type="radio"/> Acute medical unit <input type="radio"/> Direct respiratory admission <input type="radio"/> Direct admission to other department <input type="radio"/> Admission from hospital outpatients

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	<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	_____ (If the patient resides in the UK but has no fixed abode, enter [NFA])
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 <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
<b>Smoking status</b>		
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)	<input type="radio"/> Never <input type="radio"/> Ex <input type="radio"/> Current <input type="radio"/> Not recorded
	2.7b) Shisha	<input type="radio"/> Never <input type="radio"/> Ex <input type="radio"/> Current <input type="radio"/> Not recorded
	2.7c) Cannabis	<input type="radio"/> Never <input type="radio"/> Ex <input type="radio"/> Current <input type="radio"/> Not recorded
	2.7d) 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"/> Current <input type="radio"/> Ex <input type="radio"/> Never <input type="radio"/> Not recorded

#### 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?	___% <b>or</b> <input type="checkbox"/> Not recorded
3.3a	Was this measurement taken whilst the patient was on supplementary oxygen?	<input type="radio"/> Yes <input type="radio"/> No – room air <input type="radio"/> Not recorded

#### Peak flow

3.4	Was a peak flow measurement taken at any point during the patient's admission?	<input type="radio"/> Yes <input type="radio"/> No – patient unable to do PEF <input type="radio"/> No – not done <input type="radio"/> Not recorded
3.4a	If yes (to Q3.4), what was the first recorded peak flow measurement?	___ L/min
3.4b	If yes (to Q3.4), what was the date of the first recorded peak flow measurement?	___/___/____ (dd/mm/yyyy) <b>or</b> <input type="checkbox"/> Not recorded



3.4c	If yes (to Q3.4), what was the time of the first recorded peak flow measurement?	__ : __ (24hr clock 00:00) <b>or</b> <input type="checkbox"/> Not recorded
3.5	What was the patient's previous best PEF?	__ _ L/min <b>or</b> <input type="checkbox"/> Not recorded
3.5a	If previous best PEF = 'Not recorded' please give predicted PEF.	__ _ L/min <b>or</b> <input type="checkbox"/> Not recorded

#### Additional information on admission

3.6	Did the patient experience any of the following below during admission	<input type="checkbox"/> Partial arterial pressure of oxygen (PaO <sub>2</sub> ) < 8 kPa <input type="checkbox"/> 'Normal' partial arterial pressure of carbon dioxide (PaCO <sub>2</sub> ) (4.6–6.0 kPa) <input type="checkbox"/> Raised PaCO <sub>2</sub> and/or the need for mechanical ventilation with raised inflation pressures <input type="checkbox"/> Breathlessness (the inability to complete sentences in one breath) <input type="checkbox"/> Silent chest <input type="checkbox"/> Cyanosis <input type="checkbox"/> Poor respiratory effort <input type="checkbox"/> Hypotension <input type="checkbox"/> Exhaustion <input type="checkbox"/> Altered conscious level <input type="checkbox"/> None
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#### Admission

Item	Question	Response
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)

#### Acute Treatment

Item	Question	Response
<b>Respiratory specialist review</b>		
5.1	Was the patient reviewed by a respiratory specialist during their admission?	<input type="radio"/> Yes <input type="radio"/> No
5.1a	Date of first review by a member of the respiratory team	__ / __ / ____ (dd/mm/yyyy)
5.1b	Time of first review by a member of the respiratory team	__ : __ (24hr clock 00:00)



<b>Oxygen, systemic steroids and <math>\beta</math>2 agonists</b>		
5.2	Was oxygen prescribed to a target range?	<input type="radio"/> Yes <input type="radio"/> Yes – but date/time not recorded <input type="radio"/> No
5.2a	Date of oxygen prescription:	__/__/____ (dd/mm/yyyy)
5.2b	Time of oxygen prescription:	__:__ (24hr clock 00:00)
5.3	Was oxygen administered to the patient at any point during their admission?	<input type="radio"/> Yes <input type="radio"/> No
5.4	Was the patient administered systemic steroids (including oral or IV) following arrival at hospital?	<input type="radio"/> Yes <b>OR</b> <input type="radio"/> Not administered
5.4a	Date steroids first administered:	__/__/____ (dd/mm/yyyy)
5.4b	Time steroids first administered:	__:__ (24hr clock 00:00)
5.5	Was the patient administered systemic steroids in the 24 hours prior to their arrival at hospital for this asthma attack?	<input type="radio"/> Yes <input type="radio"/> No
5.6	Was the patient administered $\beta$ 2 agonists prior to their arrival at hospital for this asthma attack?	<input type="radio"/> Yes – up to 1 hour prior to arrival <input type="radio"/> No
5.7	Was the patient administered $\beta$ 2 agonists (including nebulised and MDI with spacers) following arrival at hospital?	<input type="radio"/> Yes <input type="radio"/> Not administered
5.7a	Date of $\beta$ 2 agonists	__/__/____ (dd/mm/yyyy)
5.7b	Time of $\beta$ 2 agonists	__:__ (24hr clock 00:00)

<b>Review and discharge</b>		
Item	Question	Response
<b>Discharge/Death</b>		
6.1	Was the patient alive at discharge from your hospital?	<input type="radio"/> Alive <input type="radio"/> Died as inpatient
6.2a	Date of discharge/transfer/death	__/__/____
6.2b	Time of discharge/transfer/death	__:__
<b>Discharge care</b>		
6.3	Was a discharge bundle completed for this admission?	<input type="radio"/> Yes <input type="radio"/> No



		<input type="radio"/> Self-discharge <input type="radio"/> Patient transferred to another hospital
6.4	Which of the following specific elements of good practice care were undertaken as part of the patient's discharge?	<p><b>BTS – Asthma 4</b></p> <input type="checkbox"/> Inhaler technique checked <input type="checkbox"/> Maintenance medication reviewed <input type="checkbox"/> Adherence discussed <input type="checkbox"/> PAAP issued/reviewed <input type="checkbox"/> Asthma triggers discussed <input type="checkbox"/> Tobacco dependency addressed <input type="checkbox"/> Specialist review requested within 4 weeks  <p><b>Additional discharge guidance</b></p> <input type="checkbox"/> Community follow up requested within 2 working days  <p><b>OR</b></p> <input type="checkbox"/> None

**Steroids and referral for hospital review**

Item	Question	Response
<b>Discharge/Death</b>		
7.1	Was the patient in receipt of inhaled steroids at discharge?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not prescribed for medical reasons
<b>Oral steroids and hospital assessment</b>		
7.2	Was the patient prescribed at least 5 days of oral steroids for treatment of their asthma attack?	<input type="radio"/> Yes <input type="radio"/> No
7.3	Has the patient been prescribed more than 2 courses of rescue/emergency oral steroids in the last 12 months for acute attacks of asthma?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not recorded