National respiratory audit
programme (NRAP)

National Respiratory Audit Programme (NRAP)
Children and young people asthma secondary care audit - clinical audit dataset
Version v4: April 2024

Contents
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Arrival information

Item No.	Question	Text under question	📄 Pop-up help note	Validation

	Inclusion and exclusion criteria	**Include patients**
		• who are between 1 and 5 years old on the date of arrival and have been admitted* to a hospital paediatric service with a primary diagnosis of an asthma attack OR a primary diagnosis of wheeze AND a secondary diagnosis of asthma (include patients where this was initially unclear, but later identified as an asthma attack/wheeze AND asthma attack)
		• who are between 6 and 18 years old on the date of arrival and have been admitted* to a hospital paediatric service with a primary diagnosis of an asthma attack.
		
		*<u>Where admission is an episode in which a patient with an asthma attack is admitted and stayed in hospital for 4 hours or more</u> (this includes Acute Medical Units (AMU), Clinical Decision Units/Children's Observation Units, short stay wards or similar, but excludes patients treated transiently before discharge from the Emergency Department (ED)).
		
		Exclude patients
		• under the age of 1 (due to the complex nature of diagnosing asthma in this age group);
			We suggest that cases should be identified prospectively.
			
			Any gaps should then be checked retrospectively by checking all cases which have been coded with the following ICD-10 codes in the primary position of the first episode of care:
			• **Children aged 1-5**
			   o J45.0 - Predominantly allergic asthma (primary diagnosis)
			   o J45.1 - Nonallergic asthma (primary diagnosis)
			   o J45.8 - Mixed asthma (primary diagnosis)
			   o J45.9 - Asthma, unspecified (primary diagnosis)
			   o J46 - Status asthmaticus (Includes.: Acute severe asthma) (primary diagnosis)
			   o R06.2 - Wheezing (primary diagnosis) AND any of the asthma codes listed above as a secondary diagnosis
			   o * NEW (01/04/23) * B34.9 – Viral infection (primary diagnosis) **AND** R06.2 – Wheezing (secondary diagnosis) **AND** any of the asthma codes listed above as a third diagnosis	

Arrival information				
Item No.	Question	Text under question	📄 Pop-up help note	Validation
		• in whom an initial diagnosis of an asthma attack was revised to an alternative diagnosis at a later stage of the admission; • who are between 16 and 18 years old, but managed on an adult ward. Please note: only children and young people who have been coded with the ICD-10 codes listed under the Pop-up helpnote for this question should be entered into the audit.	• **CYPs aged 6-18** o J45.0 - Predominantly allergic asthma (primary diagnosis) o J45.1 - Nonallergic asthma (primary diagnosis) o J45.8 - Mixed asthma (primary diagnosis) o J45.9 - Asthma, unspecified (primary diagnosis) o J46 - Status asthmaticus (Includes.: Acute severe asthma) (primary diagnosis)	
1.1	Date and time of arrival at your hospital	Please record the date and time the patient arrived at your hospital.	The point of arrival is often the ED, or AMU, though patients occasionally come from home/elsewhere into other wards. These cases must also be included. For patients arriving by ambulance the time of arrival at hospital should be used, not the time of handover to the ED team. It is important to record the arrival time because this is the first point of contact with the organisation and, therefore, the starting point for determining the time to key elements of asthma care (e.g. administration of steroids and other medications). Time is best determined from the ambulance transfer sheet, the A&E/ED record or AMU/ward arrival record.	

Arrival information				
Item No.	Question	Text under question	🖹 Pop-up help note	Validation
1.1a	Date of arrival	dd/mm/yyyy		**Look of answer option:** _ _/_ _/_ _ _ _ Earliest date allowed 01/06/2019 Latest date = Today
1.1b	Time of arrival	24hr clock 00:00		**Look of answer option:** __:__ Cannot be a time in the future.
1.2	Which **entry point** to the hospital did the patient receive their first review and treatment in?	Please record the area of the hospital in which the patient underwent their first review and treatment.		**Radio buttons <u>five</u> options:** • Emergency department • Acute medical unit (AMU) • Direct respiratory admission • Direct admission to other department • Admission from hospital outpatients *Can select <u>one</u> option only.*

Patient				
Item	**Question**	**Text under question**	📄 **Pop-up help note**	**Validation**
2.1	NHS number	The field will accept valid NHS Numbers which are ten digits long. Optionally, you can enter spaces or dashes or 3-3-4 format.	Permission has been granted to use the NHS number as a patient identifier. This will be used to determine: • readmission rate • mortality • case mix • length of stay The NHS number is essential to create a Patient Record. It should only consist of digits. • It may be formatted as 000 000 0000 (spaces) or 000-000-0000 (dashes) • It should contain exactly 10 digits. • NHS Numbers start with a 4, 6 or 7 • A warning will be given if the number appears invalid. Use '[NONNHS]' for patients that reside in the UK, but do not have an NHS number.	**Look of answer option:** ___-___-____ or ___ ___ ____ Must be a 10 digit number.
2.2	Date of birth	dd/mm/yyyy **Do not include:** Patients in this audit who on the date of arrival were: • under 1 year of age (i.e. under 12 months) • between the ages of 16-18 and treated on an adult unit/ward. • above the age of 18 years	Date of birth may be entered numerically e.g. 01/03/2017 can be inputted as 1 3 17.	**Look of answer option:** _ _ / _ _ / _ _ _ _ Cannot be a date in the future. The web tool does not accept any patients: • below 1 year of age (i.e. under 12 months) • above the age of 18 years and 364 days

Patient				
Item	**Question**	**Text under question**	📄 **Pop-up help note**	**Validation**
		Only include: Patients between the age of 1 and 18 years who have been treated on a **paediatric unit/ward** (see inclusion criteria and FAQs for further information)		Q3.1 should be greyed out if the patient is under 11 years of age on the date of arrival. Q4.4 a) and b) should be greyed out if the patient is under 6 years of age on the date of arrival.
2.3	Gender	Please enter the patient's gender as it appeared in the notes/referral information.	The 'Other' should be used for patients who do not recognise themselves as either male, female, or transgender. If the gender for the patient cannot be determined 'Not recorded/Preferred not to say' should be selected.	**Radio buttons <u>five</u> options**: • Male • Female • Transgender • Other • Not recorded/Preferred not to say *Can select <u>one</u> option only.*
2.4	Home postcode	Please enter the full postcode. For patients with no fixed abode use '[NFA]'. Square brackets must be used where specified.	Permission has been given to facilitate case-mix adjustment and understand local referral trends.	Allows '[NFA]' for patients with no fixed abode. Square brackets must be used where specified.
2.5	Ethnicity	Please enter the patient's ethnicity as it appears in the notes.	It is not expected that completing this audit should change the way in which you would normally record this information. The answer to this question should reflect what has been recorded in the patient's notes.	**Drop down list <u>eighteen</u> options:** • White British • White Irish • Any other White background • White and Black Caribbean • White and Black African • White and Asian • Any other mixed background • Indian

Patient				
Item	**Question**	**Text under question**	📄 **Pop-up help note**	**Validation**
				• Pakistani • Bangladeshi • Any other Asian background • Caribbean • African • Any other Black background • Chinese • Any other ethnic group • Not known • Not recorded *Can select <u>one</u> option only.*
2.6	Does this patient have a current mental illness recorded?		It is not expected that services ask patients about their mental health status. Please answer this question based on the information recorded in the patient notes.	**Radio button <u>eight</u> options:** • No / none • Anxiety • Depression • Self-harm • Eating disorder • Known to children and young people's mental health services (CYPMHS) or children and adolescent mental health services (CAMHS) • Severe mental illness • Other • Not recorded *Select all that apply.*

Smoking status

Item	Question	Text under question	📄 Pop-up help note	Validation
3.1	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), shisha, cannabis or other illicit substances?	Please select never, ex or current based on the smoking status recorded in the patient notes. Patients that vape but do not smoke traditional tobacco are not classified as smokers. If the patient stopped smoking at least 4 weeks prior to the admission, please enter 'Ex-smoker'. If the patient has stopped within 4 weeks, mark as a 'Current smoker'.	*This question aligns to:* • *NICE 2022 (Tobacco - treating dependence) QS207.* https://www.nice.org.uk/guidance/qs207 • *BTS/SIGN 2019 (Management of asthma) guidelines 6.2.3 and 7.2.6* • *NRAD 2014 (Why asthma still kills), recommendation 2 of patient factors and perception of risk.* Only applying this question to children aged 11 and over is based on extensive feedback from pilot hospitals that secondary school was an appropriate age at which to start asking about smoking.	**See below for validation and options.**

Smoking status				
Item	**Question**	**Text under question**	**📄 Pop-up help note**	**Validation**
			Pop-up help note: Please select never, ex, current or not recorded based on the smoking status recorded in the patient notes. Select one option for each row. Using radio buttons – *select all that apply* <table><tr><td></td><td>*Never*</td><td>*Ex*</td><td>*Current*</td><td>*Not recorded*</td></tr><tr><td>3.1a) Tobacco (including cigarettes (manufactured or rolled), pipe or cigars)</td><td></td><td></td><td></td><td></td></tr><tr><td>3.1b) Shisha</td><td></td><td></td><td></td><td></td></tr><tr><td>3.1c) Cannabis</td><td></td><td></td><td></td><td></td></tr><tr><td>3.1d) Other illicit substance</td><td></td><td></td><td></td><td></td></tr></table>	
3.2	Does the patient currently use a vape or electronic cigarette?	Patients that vape but do not smoke tobacco are not smokers		*Select <u>one</u> option only* **Radio buttons <u>four</u> options:** • Current • Ex • Never • Not recorded

Smoking status

Item	Question	Text under question	📄 Pop-up help note	Validation
3.3	Is the patient regularly exposed to second-hand smoke?	Please select 'Yes' if the patient is exposed to second hand smoke in the home/a place where they spend significant periods of time (i.e. with extended family members) **at least weekly**. If the exposure stopped at least 4 weeks prior to the admission, please enter 'No'.	*This question aligns to NRAD 2014 (Why asthma still kills), recommendation 2 of patient factors and perception of risk.*	***Select <u>one</u> option only*** **Radio buttons <u>three</u> options:** ☐ Yes ☐ No ☐ Not recorded

Acute observations

Item	Question	Text under question	📄 Pop-up help note	Validation
4.1	What was the first recorded heart rate for the patient following arrival at hospital?	Record as a whole number only, within the range of 0-250 BPM.	*This question aligns to:* • *NICE 2018 QS25 (Assessing severity)* https://www.nice.org.uk/guidance/qs25/chapter/quality-statements • *BTS/SIGN 2019 (Management of asthma) guideline 9.7.1*	**Look of answer option:** _ _ _BPM Whole number. Must be a maximum of 3 digit number between 0-250 only.
4.2	What was the first recorded respiratory rate for the patient following arrival at hospital?	Record as a whole number, within the range of 0-80 BPM.	*This question aligns to:* • *NICE 2018 QS25 (Assessing severity)* https://www.nice.org.uk/guidance/qs25/chapter/quality-statements • *BTS/SIGN 2019 (Management of asthma) guideline 9.7.1*	**Look of answer option:** ___ BPM Whole number. Must be a maximum of 2 digit number between 0-80 only.

Acute observations

Item	Question	Text under question	📄 Pop-up help note	Validation
4.3	What was the first recorded oxygen saturation (SpO$_2$) measurement for the patient following arrival at hospital?	Record as a whole number, within a range of 60 – 100%.	*This question aligns to:* • *NICE 2018 QS25 (Assessing severity)* https://www.nice.org.uk/guidance/qs25/chapter/quality-statements • *BTS/SIGN 2019 (Management of asthma) guideline 9.7.2*	***Can enter numeric value OR select radio button option only*** _ _ _% **OR** ☐ Not recorded Numeric option: • Must be a maximum of three-digit number between 60-100 only. • Should grey out if 'Not recorded')
4.3a	Was this measurement taken whilst the patient was on supplementary oxygen?			***Select one option only*** **Radio buttons three options:** ☐ No - room air ☐ Yes ☐ Not recorded Should grey out if 4.3 = 'Not recorded'.
4.4	What was the first recorded peak flow measurement (PEF) for the patient following arrival at hospital? **[Question only applies to those patients aged 6 years and over (Q2.2)**	Record as a whole number within a range of 30-800 L/min. The best pre-bronchodilator value should be recorded in L/min. Record the first measured peak flow (PEF) upon arrival at hospital for this attack.	*These questions aligns to:* • *NICE 2018 QS25 (Assessing severity)* https://www.nice.org.uk/guidance/qs25/chapter/quality-statements • *BTS/SIGN 2019 (Management of asthma) guidelines on peak flow as one of the recommended measurement systems referred to for assessing asthma severity (9.7.3).*	***Enter numeric value OR select one radio option only*** ___L/min (on arrival) **OR** ☐ Patient too unwell ☐ Not recorded Numeric option: • Whole number

Acute observations				
Item	**Question**	**Text under question**	📄 **Pop-up help note**	**Validation**
	on the date of arrival (Q1.1a)]		This age was chosen as evidence indicates that children aged five years and under are not able to use a peak flow meter effectively.	• Must be a maximum of three digits between 30-800 only • Numeric option to grey out if either 'Patient too unwell' or 'Not recorded' selected. Should grey out if patient is under 6 years of age on the date of arrival (according to questions 2.2 and 1.1a)
4.4a	What was the patient's previous best PEF? **[Question only applies to those patients aged 6 years and over (Q2.2) on the date of arrival (Q1.1a)]**	Record as a whole number. If 'Not recorded', enter predicted. Range for both should be 30-800. Previous best according to Personalised Asthma Action Plan (PAAP), patient notes or the patient themselves is to be given to accompany PEF on arrival. If previous best is not available, predicted should be entered in Question 4.4b.		***Enter numeric value OR select radio option only*** ___L/min **OR** ☐ Not recorded Should grey out if patient is under 6 years of age on the date of arrival (according to questions 2.2 and 1.1a) Numeric option: • Whole number • Must be a maximum of 3 digits between 30-800 only • Should grey out if 'Not recorded' selected.

Acute observations

Item	Question	Text under question	📄 Pop-up help note	Validation
4.4b	If previous best PEF = 'Not recorded' please give predicted PEF: **[Question only applies to those patients aged 6 years and over (Q2.2) on the date of arrival (Q1.1a)]**	Record as a whole number within a range of 30-800 L/min.		***Enter numeric value <u>OR</u> select radio option only*** ___L/min **OR** ☐ Not recorded Numeric option: • Whole number • Must be a maximum of three digits between 30-800 only • Should grey out if 'Not recorded' selected. Should grey out if patient is under 6 years of age on the date of arrival (according to Q2.2 and Q1.1a), or if Q4.5a is completed.
4.5	Did the patient experience any of the following below during admission?	• Inability to complete sentences in one breath or too breathless to talk or feed • Silent chest • Cyanosis • Poor respiratory effort • Hypotension • Exhaustion • Confusion	*This question aligns to the following guidance:* • *https://bnf.nice.org.uk/treatment-summaries/asthma-acute/* • *NICE/BTS/SIGN joint Guideline for the Diagnosis, Monitoring and Management of Chronic Asthma - https://www.brit-thoracic.org.uk/quality-improvement/guidelines/asthma/*	***Select all that apply*** **Radio buttons <u>seven</u> options:** ☐ Inability to complete sentences in one breath or too breathless to talk or feed ☐ Silent chest ☐ Cyanosis ☐ Poor respiratory effort ☐ Hypotension ☐ Exhaustion ☐ Confusion ☐ None

Admission				
Item No.	Question	Text under question	📄 Pop-up help note	Validation
5	Admission	**We measure both arrival and admission times as there is usually a delay between the two for those patients who need to stay in hospital.**		
5.1	Date and time of admission	Please record the date and time as noted on the initial admission clerking record, in the ED, AMU, or other admission ward. You may use the nursing record or time of initial observations if you are unable to find a time on the medical clerking sheet.	Where admission is an episode in which a patient with an asthma attack is admitted and stayed in hospital for 4 hours or more. This includes: Emergency Medicine Centres, Acute Medical Units, Clinical Decision Units, short stay wards or similar, but excludes patients treated transiently before discharge from the Emergency Department (ED).	
5.1a	Date of admission to hospital	dd/mm/yyyy		**Look of answer option:** __/__/____
5.1b	Time of admission to hospital	24hr clock 00 : 00		**Look of answer option:** __:__

Acute treatment

Item	Question	Text under question	📄 Pop-up help note	Validation
6.1	Was the patient reviewed by a member of the MDT trained in asthma care during their admission?	The make-up of the MDT may vary between hospitals, but may be defined locally to include health professionals deemed competent by the lead consultant for asthma care to see and manage patients with acute asthma attacks. These staff members *might* include consultants (whether respiratory or general paediatricians), trainees of ST3 above, specialist asthma nurses, or specialist pharmacists.	*This question aligns to:* • *NICE 2018 QS25 (Specialist review) https://www.nice.org.uk/guidance/qs25/chapter/Quality-statements* • *NRAD 2014 (Why asthma still kills), recommendation 2 of organisation of NHS services.*	*Select <u>one</u> option only* **Radio buttons <u>two</u> options***:* ☐ Yes ☐ No
6.2	Was the patient administered systemic steroids prior to their arrival at hospital for this asthma attack?	Please select 'Yes' if the patient was administered systemic steroids for this asthma attack prior to their arrival at hospital e.g. in the ambulance, primary care or self-administered. Please select 'Not recorded' if no information is available for this question.	*This question aligns to:* *NICE 2018 QS25 (Treatment of acute asthma) https://www.nice.org.uk/guidance/qs25/chapter/Quality-statements* • *RCEM 2017 asthma guidance on administration of systemic steroids* • *BTS/SIGN 2019 (Management of asthma) guideline 9.8.4.*	*Select <u>one</u> option only* **Radio buttons <u>three</u> options:** ☐ Yes ☐ No ☐ Not recorded

Acute treatment				
Item	**Question**	**Text under question**	**📄 Pop-up help note**	**Validation**
6.3	Was the patient administered systemic steroids (including oral or IV) following arrival at hospital?	Please record the date and time of the first administration of systemic steroids. i.e. any corticosteroid administered orally or intravenously upon arrival at hospital for this attack.	Children between 1-5 years of age should only be given systemic steroids in the event of a severe exacerbation of asthma. *This question aligns to:* *NICE 2018 QS25 (Treatment of acute asthma) https://www.nice.org.uk/guidance/qs25/chapter/Quality-statements* • *RCEM 2017 asthma guidance on administration of systemic steroids* • *BTS/SIGN 2019 (Management of asthma) guideline 9.8.4.*	***Can select 'Yes' <u>AND</u> enter date and time values <u>OR</u> select 'Not recorded' <u>OR</u> 'Not administered'*** ***Select one option*** ☐ Yes Date steroids first administered: _ _ /_ _ / _ _ _ _ Time steroids first administered__:__ ☐ Not recorded ☐ Not administered Date and time options: • Date and time should not be before date and time of arrival. • Date and time should not be in the future. • Should grey out if 'Not recorded' or 'Not administered' selected.

Acute treatment

Item	Question	Text under question	📄 Pop-up help note	Validation
6.4	Was the patient administered β2 agonists prior to their arrival at hospital for this asthma attack?	Please select 'Yes' if the patient was administered additional inhaled or nebulised β2 agonists for this asthma attack prior to their arrival at hospital e.g. in the ambulance, primary care or self-administered. Please select 'Not recorded' if no information is available for this question.	For children requiring nebulisers, BTS guidance is as follows: BTS guidance on nebulised salbutamol: Give β2 agonist more frequently e.g. salbutamol 5 mg up to every 15-30 minutes or 10 mg per hour via continuous nebulisation (requires special nebuliser). *This question aligns to:* • *RCEM 2017 asthma guidance on administration β2 agonist* • *BTS/SIGN 2019 (Management of asthma) guideline 9.8.2.*	*Select <u>one</u> option only* **Radio buttons <u>three</u> options:** ☐ Yes ☐ No ☐ Not recorded
6.5	Was the patient administered β2 agonists following arrival at hospital?	Please record the date and time of the first administration of inhaled or nebulised β2 agonist (e.g. salbutamol) upon arrival at hospital for this attack.	For children requiring nebulisers, BTS guidance is as follows: BTS guidance on nebulised salbutamol: Give β2 agonist more frequently eg salbutamol 5 mg up to every 15-30 minutes or 10 mg per hour via continuous nebulisation (requires special nebuliser). *This question aligns to:* • *RCEM 2017 asthma guidance on administration β2 agonist* • *BTS/SIGN 2019 (Management of asthma) guideline 9.8.2.*	*Can select 'Yes' <u>AND</u> enter date and time values <u>OR</u> select 'Not recorded' <u>OR</u> 'Not administered'* ☐ Yes Date β2 agonists first administered _ _ /_ _ / _ _ _ _ Time β2 agonists first administered __:__ ☐ Not recorded ☐ Not administered Date and time option: • Should grey out if 'Not recorded' or 'Not administered' are selected.

Acute treatment				
Item	**Question**	**Text under question**	📄 **Pop-up help note**	**Validation**
				• Date and time should not be before date and time of arrival. • Date and time should not be in the future.
6.6	Did the patient receive any of the following medications intravenously during their hospital admission?	Select all medications listed that the patient received intravenously during their admission **OR** 'No'	*This question aligns to:* • *BTS/SIGN 2019 (Management of asthma) guideline 9.9 (Second-line treatment of acute asthma in children), [including 9.9.1 (Intravenous salbutamol), 9.9.2 (Intravenous aminophylline), 9.9.3 (Intravenous magnesium sulphate)], and 9.9.5 (Critical care)*	***Can select multiple medications <u>OR</u> 'No' only*** ☐ Aminophylline ☐ Ketamine ☐ Magnesium sulphate ☐ β2 agonists (e.g. salbutamol or terbutaline) **OR** ☐ No
6.7	Was the patient transferred to a critical care setting at any point during their admission?	Select all critical care settings the patient was seen in during their admission **OR** 'No'	*This question aligns to:* • *BTS/SIGN 2019 (Management of asthma) guideline 9.9.5 (Critical care)*	***Can select multiple settings <u>OR</u> 'No' only*** ☐ Yes - HDU ☐ Yes – ICU **OR** ☐ No

Review and discharge

Item	Question	Text under question	📄 Pop-up help note	Validation
7.1	Was the patient alive at discharge from your hospital?			*Select <u>one</u> option only* **Radio buttons <u>two</u> options:** ☐ Yes ☐ Died as inpatient
7.2	Date and time of discharge/transfer /death	Please enter date and time of discharge/transfer/death.	The date of discharge is usually found at the end of the admission record, or on the discharge summary. • If the patient is transferred to another hospital, please provide the date and time of transfer. • If the patient is moved onto an early discharge scheme, hospital at home or community asthma scheme, please give the date and time of discharge from your hospital and not the scheme. • If the patient self-discharged, please provide date and time of self-discharge.	
7.2a	Date of discharge/transfer/ death	dd/mm/yyyy		**Look of answer option:** _ _ / _ _ / _ _ _ _ Must be the same as or after date and time of arrival.
7.2b	Time of discharge/transfer/ death	24hr clock 00:00		**Look of answer option:** __:__ Must be the same as or after date and time of arrival.

Review and discharge

Item	Question	Text under question	📄 Pop-up help note	Validation
7.3	Was a discharge bundle completed for this admission?	To answer 'Yes' to this question there must be objective evidence of a care bundle in the notes. This may include a bundle sheet or sticker in the notes or a check box in an electronic patient record. If 'No' or 'Parental/carer/self-discharge' are selected, please still complete what elements of a discharge bundle/good practice were complete for this patient in Q6.4.	A discharge bundle is a structured way of improving discharge processes and care which leads to improved patient outcomes. It is based on evidence based clinical interventions or actions. See BTS care bundle for asthma. *This question aligns to:* *NICE 2018 QS25 (Specialist review)*	*Select <u>one</u> option only* **Radio buttons <u>four</u> options:** ☐ Yes ☐ Parental/carer/self-discharge ☐ Patient transferred to another hospital ☐ No Should grey out this question onwards if the patient died in hospital (Q7.1)
7.4	Which of the following elements of good practice care were undertaken as part of the patient's discharge?	If any of the good practice care elements have not been completed and/or are not applicable, please do not select the element. If none of these elements were completed, please select 'None'. If 'No' or 'Parental/carer/self-discharge' are selected (Q7.3) please select which elements of good practice care were completed for this patient.	**Follow up requests** Communication directly with a named individual responsible for asthma care within the practice, by means of fax or email counts as a request for follow-up. If the patient has been asked and/or been provided with the necessary information they need to make/request the follow up appointment(s) themselves within the recommended timeframe, please select that the component was completed. **Paediatric asthma clinic** A 'paediatric asthma clinic' is defined as a designated hospital-based asthma clinic that accepts patients under the age of 18. This may be staffed by an advanced pharmacist, a specialist nurse, or a consultant.	*Can select multiple options <u>OR</u> 'None' only* **Radio buttons <u>ten</u> options:** ☐ Inhaler technique checked ☐ Maintenance medication reviewed ☐ Adherence discussed ☐ PAAP issued/reviewed ☐ Triggers discussed ☐ Tobacco dependency addressed *[Should grey out if under 11 years (Q2.2) or not 'Current smoker' (Q3.1)]* ☐ Parent/carer tobacco dependency addressed *[Should grey out if not exposed to second-hand smoke (Q3.3)]* ☐ Community follow up requested within 2 working days ☐ Paediatric asthma clinic requested within 4 weeks

Review and discharge				
Item	**Question**	**Text under question**	📄 **Pop-up help note**	**Validation**
			PAAP = Personalised Asthma Action Plan. *This question aligns to:* • *NICE 2018 QS25 (PAAPs), (Inhaler technique), (Assessing asthma control) and (Follow up)* • *RCEM 2017 asthma guidance on assessment before discharge* • *BTS/SIGN 2019 (Management of asthma) guidelines 2.2, 2.4, 2.5, 7.1, 9.6.3 and other supporting text on page 43* • *NRAD 2014 (Why asthma still kills) recommendations on PAAPs, follow up arrangements, triggers, assessment of asthma control, non-adherence to preventer medication, professional awareness of risk factors, patient self-managements and education on asthma management.*	☐ Paediatric respiratory specialist review if there have been life-threatening features **OR** ☐ None Should grey out this question onwards if the patient was transferred to another hospital (Q7.3)
7.5	Was the patient in receipt of inhaled steroids at discharge?	Answer 'Yes' to this question if the patient was prescribed inhaled steroids either singly or in combination with long acting beta-agonist. Only use 'No - not medically indicated' if it is documented in the notes why inhaled steroids are not required.		*Select <u>one</u> option only* **Radio buttons <u>four</u> options:** ☐ Yes ☐ No - not medically indicated ☐ No - reason not given ☐ Offered but patient/parent/carer declined

Review and discharge

Item	Question	Text under question	📄 Pop-up help note	Validation
7.6	Had the patient been prescribed more than 2 courses of rescue/emergency oral steroids in the last 12 months for acute attacks of asthma?	In patients already prescribed maintenance steroids, a 'rescue' course refers to a period of time when an increased dose of steroids/an alternative systemic steroid was given. The 'last 12 months' refers to the year prior to the patient's arrival at hospital for this asthma attack.	*This question aligns to:* • *NRAD 2014 (Why asthma still kills) recommendation on courses of systemic corticosteroids and referral to specialist asthma services.*	***Select <u>one</u> option only*** **Radio buttons <u>three</u> options:** ☐ Yes ☐ No ☐ Not recorded
7.7	Was the patient referred for hospital assessment/follow up of asthma?		*This question aligns to: NRAD 2014 (Why asthma still kills) recommendation on courses of systemic corticosteroids and referral to specialist asthma services.*	***Select <u>one</u> option only*** **Radio buttons <u>five</u> options:** ☐ Yes ☐ No - not medically indicated ☐ Not recorded ☐ Patient/parent/carer declined ☐ Already being seen in secondary care clinic