



## National Respiratory Audit Programme (NRAP)

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

Version 5.2: July 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 <b>Can select <u>one</u> option only.</b>

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	<b>Webtool will calculate after saving</b>

#### 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) <b>Or</b> <input type="radio"/> Not recorded
8.1a	Date of last recorded FEV1 % predicted:	__/__/____ (dd/mm/yyyy) <b>Or</b> <input type="radio"/> Not recorded



8. Spirometry		
Item	Question	Response options
8.2	What was the most recently recorded FEV1/FVC ratio?	_. _ (Enter a value between 0.2 and 0.95) Or <input type="radio"/> Not recorded
8.2a	Date of last recorded FEV1/FVC ratio:	_/_/_/_ (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	_/_/_/_ (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"/> Inhaler technique and medication review <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