National Respiratory Audit Programme (NRAP)

Children and young people (CYP) asthma audit: Data Collection Sheet

Version 3.1 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. Arrival information** |
| **Item** | **Question** | **Response** |
| 1.1a | Date of arrival | **\_ \_ /\_ \_ /\_ \_ \_ \_** (dd/mm/yyyy) |
| 1.1b | Time of arrival | **\_ \_:\_ \_** (24hr clock 00:00) |

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| **2. 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 | ⃝ | Male |
| ⃝ | Female |
| ⃝ | Transgender |
| ⃝ | Other |
| ⃝ | 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 | ⃝ | 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 recorded? | ⃝ | No / none |
| ⃝ | Anxiety |
| ⃝ | Depression |
| ⃝ | Self-harm |
| ⃝ | Eating disorder |
| ⃝ | Known to MHS (children and young people’s mental health services (CYPMHS) or children and adolescent mental health services (CAMHS)) |
| ⃝ | Severe mental illness |
| ⃝ | Other |

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| **3. Smoking status** |
| **Item** | **Question** | **Response** |
| 3.1 | Does the patient currently smoke, or have they a history of smoking any of the following substances?*This question only applies to patients aged 11 years and over on the date of arrival* |  |  |
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| 3.1a) Tobacco (including cigarettes (manufactured or rolled), pipe or cigars) | ⃝ | Never |
| ⃝ | Ex |
| ⃝ | Current |
| ⃝ | Not recorded |
| 3.1b) Shisha | ⃝ | Never |
| ⃝ | Ex |
| ⃝ | Current  |
| ⃝ | Not recorded |
| 3.1c) Cannabis | ⃝ | Never |
| ⃝ | Ex |
| ⃝ | Current |
| ⃝ | Not recorded |
| 3.1d) Other illicit substance | ⃝ | Never |
| ⃝ | Ex |
| ⃝ | Current |
| ⃝ | Not recorded |
| 3.2 | What is the patient’s current vaping status? | ⃝ | Current vaper |
| ⃝ | Ex-vaper |
| ⃝ | Never vaped |
| ⃝ | Not recorded |
| 3.3 | Is the patient regularly exposed to second-hand smoke? | ⃝ | Yes |
| ⃝ | No |
| ⃝ | Not recorded |

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| **4. Acute observations** |
| **Item** | **Question** | **Response** |
| 4.1 | What was the first recorded heart rate for the patient following arrival at hospital?  | \_ \_ \_ BPM |
| 4.2 | What was the first recorded respiratory rate for the patient following arrival at hospital? | \_ \_ BPM |
| 4.3 | What was the first recorded oxygen saturation (SpO2) measurement for the patient following arrival at hospital?  | \_ \_ \_% **or** |
| ☐  | Not recorded |
| 4.3a | Was this measurement taken whilst the patient was on supplementary oxygen?  | ⃝ | No – room air |
| ⃝ | Yes |
| ⃝ | 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 on the date of arrival.* | **\_ \_ \_**L/min **or** |
| ⃝ | Patient too unwell |
| ⃝ | Not recorded  |
| 4.4a | What was the patient’s previous best PEF? *Question only applies to those patients aged 6 years and over on the date of arrival.* | **\_ \_ \_**L/min **or** |
| ⃝ | Not recorded |
| 4.4b | If previous best PEF = ‘Not recorded’ please give predicted PEF. *Question only applies to those patients aged 6 years and over on the date of arrival* | **\_ \_ \_**L/min **or** |
| ⃝ | Not recorded |
| 4.5 | Did the patient experience any of the following during admission? | ☐ | Breathlessness (the inability to complete sentences in one breath or too breathless to talk or feed)  |
| ☐ | Silent chest |
| ☐ | Cyanosis |
| ☐ | Poor respiratory effort |
| ☐ | Hypotension |
| ☐ | Exhaustion |
| ☐ | Confusion |
| ☐ | None |

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| **5. Acute Treatment** |
| **Item** | **Question** | **Response** |
| 5.1 | Was the patient reviewed by a member of the MDT trained in asthma care during their admission?  | ⃝ | Yes |
| ⃝ | No |
| 5.2 | Was the patient administered systemic steroids prior to their arrival at hospital for their asthma attack? | ⃝ | Yes |
| ⃝ | No |
| ⃝ | Not recorded |
| 5.3 | Was the patient administered systemic steroids (including oral or IV) following arrival at hospital?  | ⃝ | Yes  |
|  | Date steroids first administered: **\_ \_ / \_ \_ / \_ \_ \_ \_**  |
|  | Time steroids first administered: **\_ \_ : \_ \_** |
| ⃝  | Not recorded |
| ⃝ | Not administered |
| 5.4 | Was the patient administered β2 agonists prior to their arrival at hospital for this asthma attack?  | ⃝ | Yes |
| ⃝ | No |
| ⃝ | Not recorded |
| 5.5 | Was the patient administered β2 agonists following arrival at hospital?  | ⃝ | Yes  |
|  | Date β2 agonists first administered: **\_ \_ / \_ \_ / \_ \_ \_ \_**  |
|  | Time β2 agonists first administered: **\_ \_ : \_ \_** |
| ⃝  | Not administered |
| ⃝ | Not recorded |
| 5.6 | Did the patient receive any of the following medications intravenously during their hospital admission? | ☐ | Aminophylline |
| ☐ | Ketamine |
| ☐ | Magnesium sulphate  |
| ☐ | β2 agonists (e.g. salbutamol or terbutaline) |
| **OR** |
| ☐ | No |
| 5.7 | Was the patient transferred to a critical care setting at any point during admission? | ☐ | Yes – HDU |
| ☐ | Yes – ICU  |
| ☐ | No |

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| **6. Review and discharge** |
| **Item** | **Question** | **Response** |
| 6.1 | Was the patient alive at discharge from your hospital?  | ⃝ | Yes |
| ⃝ | Died as inpatient |
| 6.2 | Date and time of discharge/transfer/death | **\_ \_ / \_ \_ / \_ \_ \_ \_** |
| **\_ \_ : \_ \_** |
| 6.3 | Was a discharge bundle completed for this admission?  | ⃝ | Yes  |
| ⃝ | Parental/carer/self-discharge |
| ⃝ | Patient transferred to another hospital |
| ⃝ | No |
| 6.4 | Which of the following elements of good practice care were undertaken as part of the patient’s discharge?  | ☐ | Inhaler technique checked |
| ☐ | Maintenance medication reviewed |
| ☐ | Adherence discussed |
| ☐ | PAAP issued/reviewed |
| ☐ | Triggers discussed |
| ☐ | Tobacco dependency addressed |
| ☐ | Parent/carer tobacco dependency |
| ☐ | Community follow up requested within 2 working days |
| ☐ | Paediatric asthma clinic requested within 4 weeks |
| ☐ | Paediatric respiratory specialist review if there have been life-threatening features |
| **OR** |
| ☐ | None |
| 6.5 | Was the patient in receipt of inhaled steroids at discharge? | ⃝ | Yes |
| ⃝ | No – not medically indicated |
| ⃝ | No – reason not given |
| ⃝ | Offered but patient/parent/carer declined |
| 6.6 | Had the patient been prescribed more than 2 courses of rescue/emergency oral steroids in the last 12 months for acute attacks of asthma? | ⃝ | Yes |
| ⃝ | No |
| ⃝ | Not recorded |
| 6.7 | Was the patient referred for hospital assessment/follow up of asthma? | ⃝ | Yes |
| ⃝ | No |
| ⃝ | Not recorded |
| ⃝ | Patient/parent/carer declined |
| ⃝ | Already being seen in secondary care clinic |