



Case ID:

/

Date received:

/   /

**EPISODE NUMBER:** Please state the number of episodes in the last 12 months from 1 upwards.

**PLEASE USE A SEPARATE FORM FOR EACH EPISODE. FORM NUMBER:** \_\_\_\_

# National Review of Asthma Deaths (NRAD)

## B2 secondary care past asthma attack (supplementary form)

V1 010312

### ABOUT THE NRAD

The NRAD team at the Royal College of Physicians (RCP) will collect data on all people who have died from asthma in the UK between **1 February 2012 and 31 January 2013**.

The aim of the NRAD is to understand why people of all ages die from asthma so that recommendations can be made to prevent deaths from asthma in the future.

*Your support in the completion of this form is extremely important. Participation in national audits and confidential enquiries provide you with high-quality evidence for appraisal, revalidation and continuing professional development (CPD) documentation. The RCP will provide you with a certificate to confirm your participation in this project. Please keep a record of this number of hours you contribute so that we can do this accurately.*

### PLEASE REFER TO FORM 1 – NOTIFICATION SUMMARY ENCLOSED FOR PATIENT DETAILS.

NRAD CASE ID: \_\_/\_\_\_\_ (USE THIS CODE FOR ALL FUTURE CORRESPONDENCE).

### HOW TO COMPLETE AND RETURN THIS FORM

- **Please complete one form for each episode of acute or controlled asthma for which the patient was treated in the hospital** (please include those patients who were treated with a short course of oral steroids or high-dose bronchodilators (via nebuliser or spacer device)).
- Certain sections may not be applicable to all patients. Please read the guidance before completing.
- Please complete the form using the information available in the patient’s notes. Complete all dates in the format DD/MM/YYYY and times using the 24-h clock eg 18:50.
- **If no data is recorded, or the information is missing or not known please select ‘Not recorded’.**
- Please **keep a copy of this form for your records**. Return hardcopies of complete forms to the NRAD office.

By email: [rachael.davey@nhs.net](mailto:rachael.davey@nhs.net)

By mail (**MUST BE SENT SECURELY AND MARKED AS CONFIDENTIAL**): NRAD, House 1, Royal College of Physicians, 11 St Andrews Place, London NW1 4LE

If you have any queries about completing or returning this form please contact the NRAD team via [nrad@rcplondon.ac.uk](mailto:nrad@rcplondon.ac.uk) or telephone 020 3075 1500 or 1522.

### PREVIOUS ASTHMA ATTACKS – WITHIN 12 MONTHS PRIOR TO DEATH

**Definition:** an asthma attack is defined for the purpose of this review as: any patient consulting a health professional (or self-treating themselves according to an agreed asthma self-management/action plan) for an episode of uncontrolled asthma. (including consultations:- where systemic steroids were prescribed, high-dose bronchodilators were used – either by spacer or nebuliser); or simply where patients consulted because they had experienced increased symptoms of their asthma).

### PATIENT DETAILS

NRAD Case ID: \_\_/\_\_\_\_

Age: \_\_\_\_ years \_\_\_\_ months

A) How many asthma attacks did this patient have in the 12 months before death? \_\_\_\_  Not known

B) How many of these were treated by:

A health professional in your hospital \_\_\_\_  Not known

A health professional elsewhere \_\_\_\_  Not known

The patient themselves or by a family member \_\_\_\_  Not known

Please note that the NRAD project has approval from the National Information Governance Board (NIGB) under Section 251 of the NHS Act (2006) to collect patient identifiable information without consent. Approval reference: ECC 8-02(FT2)/2011

## SECTION 1: DATES/TIMES

### 1.1 Date of attack:

\_\_/\_\_/\_\_\_\_ (DD/MM/YYYY)

### 1.2 Place treated: (tick all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Primary care         | <input type="checkbox"/> Inpatient hospital          |
| <input type="checkbox"/> Paramedic            | <input type="checkbox"/> ICU                         |
| <input type="checkbox"/> Emergency department | <input type="checkbox"/> Not known                   |
| <input type="checkbox"/> Urgent care centre   | <input type="checkbox"/> Other, please specify _____ |

### 1.3 Date of onset of symptoms:

(eg cough, wheeze, shortness of breath)

\_\_/\_\_/\_\_\_\_ (DD/MM/YYYY)

Not recorded

### 1.4 Time of onset of symptoms:

(eg cough, wheeze, shortness of breath)

\_\_:\_\_ (24-h clock)

Not recorded

## SECTION 5.3: EVENTS LEADING UP TO ATTACK (AS PER BTS 10+12 SYMPTOMS/RISK FEATURES)

### 5.3.1 Any possible precipitating or exacerbating factors in this attack:

Yes → Go to 5.3.1.1  No → Go to 5.3.2

Not recorded → Go to 5.3.2

#### 5.3.1.1 If yes, please specify: (tick all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Food (eg dairy, eggs, nuts, fish) | <input type="checkbox"/> Drugs (eg NSAIDS)           |
| <input type="checkbox"/> Animals                           | <input type="checkbox"/> Exercise                    |
| <input type="checkbox"/> Hay fever                         | <input type="checkbox"/> Other, please specify _____ |
| <input type="checkbox"/> Virus infection/UTRIs             |  |

#### 5.3.1.1.1 Atypical features surrounding death to suggest anaphylaxis:

- Sudden death  Stridor  Urticaria  
 Angioedema  History of food allergy resulting in anaphylaxis  
 Other, please specify \_\_\_\_\_

### 5.3.2 Number of puffs of a rescue inhaler patient took in the 24 hours before this attack:

\_\_ puffs

Not known

### 5.3.3 Patient implemented their Personal Asthma Action Plan (PAAP):

Yes

Did not have a plan

No

Not known

## SECTION 5.4: TIMINGS OF GETTING MEDICAL HELP

### 5.4.1 What help was called for?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Ambulance                                | <input type="checkbox"/> Went to GP surgery                   | <input type="checkbox"/> School nurse                |
| <input type="checkbox"/> Called GP, was advised to go to hospital | <input type="checkbox"/> Called GP, but no appointment issued | <input type="checkbox"/> Other, please specify _____ |
| <input type="checkbox"/> Called NHS Direct/NHS 24                 | <input type="checkbox"/> Teacher                              | <input type="checkbox"/> Not known                   |

#### 5.4.1.1 If help called, time:

\_\_:\_\_ (24-h clock)

Not recorded

### 5.4.2 Patient taken to hospital:

Yes → Go to 5.4.2.1  No → Go to 5.4.3

Not recorded → Go to 5.4.3

#### 5.4.2.1 If yes, route of referral to hospital:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> 999 ambulance service                   | <input type="checkbox"/> Self/parental referral        | <input type="checkbox"/> GP surgery                 |
| <input type="checkbox"/> Minor injury unit, please specify _____ | <input type="checkbox"/> Telephone advice – NHS Direct | <input type="checkbox"/> Not known                  |
| <input type="checkbox"/> Other hospital, please specify _____    | <input type="checkbox"/> GP assessment unit            | <input type="checkbox"/> Other please specify _____ |

#### 5.4.2.2 Time of arrival to hospital:

\_\_:\_\_ (24-h clock)

Not recorded

**5.4.2.3 Mode of arrival to this hospital:**

Road ambulance       Public transport  
 Private transport       On foot  
 Taxi       Other       Not known

**5.4.3 Date and time first seen by health professional after onset of symptoms:**

\_\_/\_\_/\_\_\_\_ (DD/MM/YYYY)  
 \_\_: \_\_ (24-h clock)       Not recorded

**5.4.4 First professional(s) to see patient after onset of symptoms: (tick all that apply)**       Not known

Respiratory physician       Junior hospital doctor       Nurse consultant (non-respiratory/other)  
 General physician       GP       Respiratory nurse  
 Respiratory paediatrician       GP (GPwSI respiratory)       Respiratory nurse (secondary care)  
 General paediatrician       Practice nurse       Paramedic  
 Specialist registrar (respiratory)       Practice nurse (with asthma diploma)       A&E consultant  
 Specialist registrar (not respiratory)       Nurse consultant (Respiratory)       Other, please specify \_\_\_\_\_

**SECTION 5.5: CLASSIFICATION OF THIS ATTACK**

**5.5.1 In the records the attack was classified as:**

Near fatal (as defined in the BTS/SIGN Guidelines)       Brittle (*Type 1: wide PEF variability (>40% diurnal variation for >50% of the time over a period of >150 days) despite intense therapy. Type 2: sudden severe attacks on a background of apparently well-controlled asthma*) (BTS/SIGN definition)       Moderate exacerbation  
 Life threatening (as defined in the BTS/SIGN Guidelines)       Mild exacerbation  
 Acute severe (as defined in the BTS/SIGN Guidelines)       No data/not recorded in medical records

**SECTION 5.6: MANAGEMENT OF ATTACK ASSESSMENT**  
 Please complete this section in as much detail as possible: (For the times the patient was assessed, please detail the first four and the final assessments from the start of this patient's assessment until the last known assessment before the patient died).  
 (Please provide copies of any reports eg SEAs, SUIs, audit reports)

Tick which apply	<input type="checkbox"/> Initial treatment	<input type="checkbox"/> Reassessment (1)	<input type="checkbox"/> Reassessment (2)	<input type="checkbox"/> Reassessment (3)	<input type="checkbox"/> Final assessment
<b>5.6.1 Dates/times (DD/MM/YY)/ 24-h clock</b>	Date __/__/____ Time __: __ <input type="checkbox"/> Not known	Date __/__/____ Time __: __ <input type="checkbox"/> Not known	Date __/__/____ Time __: __ <input type="checkbox"/> Not known	Date __/__/____ Time __: __ <input type="checkbox"/> Not known	Date __/__/____ Time __: __ <input type="checkbox"/> Not known
<b>5.6.2 Confusion</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
<b>5.6.3 Level of consciousness</b>	GCS Scale __ (1-15) <input type="checkbox"/> Alert <input type="checkbox"/> Drowsy <input type="checkbox"/> Semi conscious <input type="checkbox"/> Unconscious <input type="checkbox"/> Not recorded	GCS Scale __ (1-15) <input type="checkbox"/> Alert <input type="checkbox"/> Drowsy <input type="checkbox"/> Semi conscious <input type="checkbox"/> Unconscious <input type="checkbox"/> Not recorded	GCS Scale __ (1-15) <input type="checkbox"/> Alert <input type="checkbox"/> Drowsy <input type="checkbox"/> Semi conscious <input type="checkbox"/> Unconscious <input type="checkbox"/> Not recorded	GCS Scale __ (1-15) <input type="checkbox"/> Alert <input type="checkbox"/> Drowsy <input type="checkbox"/> Semi conscious <input type="checkbox"/> Unconscious <input type="checkbox"/> Not recorded	GCS Scale __ (1-15) <input type="checkbox"/> Alert <input type="checkbox"/> Drowsy <input type="checkbox"/> Semi conscious <input type="checkbox"/> Unconscious <input type="checkbox"/> Not recorded
<b>5.6.4 Exhaustion</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known

<b>5.6.5 Speech</b>	<input type="checkbox"/> Normal <input type="checkbox"/> Short sentences <input type="checkbox"/> Single words <input type="checkbox"/> Unable to talk <input type="checkbox"/> Not recorded	<input type="checkbox"/> Normal <input type="checkbox"/> Short sentences <input type="checkbox"/> Single words <input type="checkbox"/> Unable to talk <input type="checkbox"/> Not recorded	<input type="checkbox"/> Normal <input type="checkbox"/> Short sentences <input type="checkbox"/> Single words <input type="checkbox"/> Unable to talk <input type="checkbox"/> Not recorded	<input type="checkbox"/> Normal <input type="checkbox"/> Short sentences <input type="checkbox"/> Single words <input type="checkbox"/> Unable to talk <input type="checkbox"/> Not recorded	<input type="checkbox"/> Normal <input type="checkbox"/> Short sentences <input type="checkbox"/> Single words <input type="checkbox"/> Unable to talk <input type="checkbox"/> Not recorded
<b>5.6.6 Signs</b>					
	<b>Initial treatment</b>	<b>Reassessment (1)</b>	<b>Reassessment (2)</b>	<b>Reassessment (3)</b>	<b>Final assessment</b>
<b>5.6.6.1 Pulse rate</b>	___/min <input type="checkbox"/> Not known	___/min <input type="checkbox"/> Not known	___/min <input type="checkbox"/> Not known	___/min <input type="checkbox"/> Not known	___/min <input type="checkbox"/> Not known
<b>5.6.6.2 Respiratory rate</b>	___/min <input type="checkbox"/> Not known	___/min <input type="checkbox"/> Not known	___/min <input type="checkbox"/> Not known	___/min <input type="checkbox"/> Not known	___/min <input type="checkbox"/> Not known
<b>5.6.6.3 PEF</b>	___l/min ___% best <input type="checkbox"/> Not known	___l/min ___% best <input type="checkbox"/> Not known	___l/min ___% best <input type="checkbox"/> Not known	___l/min ___% best <input type="checkbox"/> Not known	___l/min ___% best <input type="checkbox"/> Not known
<b>5.6.6.4 SpO<sub>2</sub> pulse oximetry</b>	___% <input type="checkbox"/> Not known	___% <input type="checkbox"/> Not known	___% <input type="checkbox"/> Not known	___% <input type="checkbox"/> Not known	___% <input type="checkbox"/> Not known
<b>5.6.6.5 PaO<sub>2</sub></b>	kPa <input type="checkbox"/> Not known	kPa <input type="checkbox"/> Not known	kPa <input type="checkbox"/> Not known	kPa <input type="checkbox"/> Not known	kPa <input type="checkbox"/> Not known
<b>5.6.6.6 PaCO<sub>2</sub></b>	___kPa <input type="checkbox"/> Not known	___kPa <input type="checkbox"/> Not known	___kPa <input type="checkbox"/> Not known	___kPa <input type="checkbox"/> Not known	___kPa <input type="checkbox"/> Not known
<b>5.6.6.7 Serum potassium</b>	___mmol/l <input type="checkbox"/> Not known	___mmol/l <input type="checkbox"/> Not known	___mmol/l <input type="checkbox"/> Not known	___mmol/l <input type="checkbox"/> Not known	___mmol/l <input type="checkbox"/> Not known
<b>5.6.6.8 pH</b>	___ <input type="checkbox"/> Not known	___ <input type="checkbox"/> Not known	___ <input type="checkbox"/> Not known	___ <input type="checkbox"/> Not known	___ <input type="checkbox"/> Not known
<b>5.6.6.9 Blood pressure</b>	___Syst/ ___Diast <input type="checkbox"/> Not known	___Syst/ ___Diast <input type="checkbox"/> Not known	___Syst/ ___Diast <input type="checkbox"/> Not known	___Syst/ ___Diast <input type="checkbox"/> Not known	___Syst/ ___Diast <input type="checkbox"/> Not known
<b>5.6.6.10 Spirometry done</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
<b>5.6.6.10.1 If spirometry done, what was the FEV% predicted?</b>	___% Pred. <input type="checkbox"/> Not known	___% Pred. <input type="checkbox"/> Not known	___% Pred. <input type="checkbox"/> Not known	___% Pred. <input type="checkbox"/> Not known	___% Pred. <input type="checkbox"/> Not known
<b>5.6.6.11 Chest X-ray</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
<b>5.6.6.11.1 If yes, please describe:</b>	<input type="checkbox"/> Normal <input type="checkbox"/> Pneumothorax <input type="checkbox"/> Consolidation <input type="checkbox"/> Lobar collapse <input type="checkbox"/> Other Specify _____	<input type="checkbox"/> Normal <input type="checkbox"/> Pneumothorax <input type="checkbox"/> Consolidation <input type="checkbox"/> Lobar collapse <input type="checkbox"/> Other Specify _____	<input type="checkbox"/> Normal <input type="checkbox"/> Pneumothorax <input type="checkbox"/> Consolidation <input type="checkbox"/> Lobar collapse <input type="checkbox"/> Other Specify _____	<input type="checkbox"/> Normal <input type="checkbox"/> Pneumothorax <input type="checkbox"/> Consolidation <input type="checkbox"/> Lobar collapse <input type="checkbox"/> Other Specify _____	<input type="checkbox"/> Normal <input type="checkbox"/> Pneumothorax <input type="checkbox"/> Consolidation <input type="checkbox"/> Lobar collapse <input type="checkbox"/> Other Specify _____

5.6.6.12 Examination					
	<input type="checkbox"/> Initial treatment	<input type="checkbox"/> Reassessment (1)	<input type="checkbox"/> Reassessment (2)	<input type="checkbox"/> Reassessment (3)	<input type="checkbox"/> Final assessment
<b>5.6.6.12.1 Wheezing</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
<b>5.6.6.12.2 Cyanosis</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
<b>5.6.6.12.3 Pathological arrhythmia</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
<b>5.6.6.12.4 Use of accessory muscles</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
<b>5.6.6.12.5 Normal chest examination</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
<b>5.6.6.12.6 Silent chest</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known

## SECTION 5.7: MANAGEMENT OF ATTACK (DRUGS)

(Please provide copies of any reports eg SEAs, SUIs, audit reports)

**5.7.1 Patient was administered a short-acting beta agonist bronchodilator:**  Yes → [Go to 5.7.1.1](#)  No → [Go to 5.7.2](#)  
 Not known → [Go to 5.7.2](#)

**5.7.1.1 If yes, first dose at:** \_\_\_/\_\_\_/\_\_\_ (DD/MM/YYYY)  
 \_\_\_:\_\_\_ (24-h clock)  Not known

**5.7.1.2 Please state the route of administration:** *(tick all that apply)*  
 Spacer inhaler plus pMDI  Nebuliser (air driven)  
 Nebuliser (oxygen driven)  Dry powder inhalers (DPI)  
 pMDI alone (\*pMDI=pressurised metered-dose inhaler)

**5.7.1.3 Drug name and the dose:**  
 Salbutamol (eg Ventolin)  Terbutaline (eg Bricanyl)  
 Other, please specify \_\_\_\_\_  
 Dose: \_\_\_\_\_µg  Not known

**5.7.1.4 Was this continuous?**  Yes  No  Not known

**5.7.2 Patient administered an antimuscarinic bronchodilator eg ipratropium bromide (Atrovent):**  Yes → [Go to 5.7.2.1](#)  No → [Go to 5.7.3](#)  
 Not known → [Go to 5.7.3](#)

**5.7.2.1 If yes, first dose at:** \_\_\_/\_\_\_/\_\_\_ (DD/MM/YYYY)  
 \_\_\_:\_\_\_ (24-h clock)  Not known

**5.7.2.2 Please state the route of administration:**  
*(tick all that apply)*

Spacer inhaler plus pMDI     Nebuliser (air driven)  
 Nebuliser (oxygen driven)     Dry powder inhalers (DPI)  
 pMDI alone(\*pMDI=pressurised metered-dose inhaler)

**5.7.2.3 Drug name and the dose:**

Ipratropium bromide  
Dose: \_\_\_\_\_µg/mg \_\_\_\_\_     Not known

**5.7.3 Patient administered systemic steroid:**

Yes → [Go to 5.7.3.1](#)     No → [Go to 5.7.4](#)  
 Not known → [Go to 5.7.4](#)

**5.7.3.1 If yes, first dose at:**

\_\_\_/\_\_\_/\_\_\_ (DD/MM/YYYY)  
\_\_\_:\_\_\_ (24hr clock)     Not recorded

**5.7.3.2 Please state the route of administration:**  
*(tick all that apply)*

Oral tablets     Systemic injection  
 Dispersible tablets     Not known

**5.7.3.3 Drug name and the dose:**

Drug: \_\_\_\_\_  
Dose: \_\_\_\_\_

**5.7.4 Patient administered oxygen:**

Yes → [Go to 5.7.4.1](#)     No → [Go to 5.7.5](#)  
 Not known → [Go to 5.7.5](#)

**5.7.4.1 If yes, first dose at:**

\_\_\_/\_\_\_/\_\_\_ (DD/MM/YYYY)  
\_\_\_:\_\_\_ (24-h clock)     Not recorded

**5.7.4.2 Flow rate:**

\_\_\_l/min     Not known

**5.7.4.3 Concentration:**

\_\_\_%     Not known

**5.7.4.4 Device:**

Nasal speculum     Mask  
Type of mask: \_\_\_\_\_

**5.7.5 Patient administered adrenaline:**

Yes → [Go to 5.7.5.1](#)     No → [Go to 5.7.6](#)  
 Not known → [Go to 5.7.6](#)

**5.7.5.1 If yes, first dose at:**

\_\_\_/\_\_\_/\_\_\_ (DD/MM/YYYY)  
\_\_\_:\_\_\_ (24-h clock)     Not recorded

**5.7.5.2 Dose and route of administration**

Auto-injector (by health professional or carer)    Dose: \_\_\_\_\_  
 Intramuscular    Dose: \_\_\_\_\_

Intravenous    Dose: \_\_\_\_\_  
 Self-administered auto-injector    Dose: \_\_\_\_\_  
 Other, *please specify* \_\_\_\_\_    Dose: \_\_\_\_\_

**5.7.6 Patient administered intravenous aminophylline?**

Yes → [Go to 5.7.6.1](#)     No → [Go to 5.7.7](#)     Not known

**5.7.6.1 If yes, first dose at:**

\_\_\_/\_\_\_/\_\_\_ (DD/MM/YYYY)  
\_\_\_:\_\_\_ (24-h clock)     Not recorded

**5.7.7 Patient administered a leukotriene receptor antagonist:**

Yes → [Go to 5.7.7.1](#)     No → [Go to 5.7.8](#)  
 Not known → [Go to 5.7.8](#)

<b>5.7.7.1</b>	<b>If yes, first dose at:</b>	<u>  </u> / <u>  </u> / <u>  </u> (DD/MM/YYYY)	
		<u>  </u> : <u>  </u> (24-h clock)	
		<input type="checkbox"/> Not known	
<b>5.7.8</b>	<b>Patient administered any intravenous fluids:</b>	<input type="checkbox"/> Yes → <a href="#">Go to 5.7.8.1</a>	<input type="checkbox"/> No → <a href="#">Go to 5.7.9</a>
		<input type="checkbox"/> Not known → <a href="#">Go to 5.7.9</a>	
	<b>5.7.8.1</b>	<b>If yes, first dose at:</b>	
		<u>  </u> / <u>  </u> / <u>  </u> (DD/MM/YYYY)	
		<u>  </u> : <u>  </u> (24-h clock)	<input type="checkbox"/> Not recorded
<b>5.7.9</b>	<b>Patient administered magnesium (Mg):</b>	<input type="checkbox"/> Yes → <a href="#">Go to 5.7.9.1</a>	<input type="checkbox"/> No → <a href="#">Go to 5.7.10</a>
		<input type="checkbox"/> Not known → <a href="#">Go to 5.7.10</a>	
	<b>5.7.9.1</b>	<b>If yes, first dose at:</b>	
		<u>  </u> / <u>  </u> / <u>  </u> (DD/MM/YYYY)	
		<u>  </u> : <u>  </u> (24-h clock)	<input type="checkbox"/> Not recorded
	<b>5.7.9.2</b>	<b>Was Mg repeated?</b>	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Not known
<b>5.7.10</b>	<b>Assisted ventilation initiated:</b>	<input type="checkbox"/> Yes → <a href="#">Go to 5.7.10.1</a>	<input type="checkbox"/> No → <a href="#">Go to 5.8</a>
		<input type="checkbox"/> Not known → <a href="#">Go to 5.8</a>	
	<b>5.7.10.1</b>	<b>If yes, was this:</b>	
		<input type="checkbox"/> NIV	<input type="checkbox"/> CPAP
		<input type="checkbox"/> Intubation	<input type="checkbox"/> Not known
	<b>5.7.10.2</b>	<b>Was the patient mechanically ventilated?</b>	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Not known

## SECTION 5.8: DISPOSAL

Admitted to hospital	<input type="checkbox"/> Yes → <a href="#">Specify date</a>	<input type="checkbox"/> No	<u>  </u> / <u>  </u> / <u>  </u> (DD/MM/YYYY)
Discharged from A&E	<input type="checkbox"/> Yes → <a href="#">Specify date</a>	<input type="checkbox"/> No	<u>  </u> / <u>  </u> / <u>  </u> (DD/MM/YYYY)
Discharged from medical ward (including medical admissions unit)	<input type="checkbox"/> Yes → <a href="#">Specify date</a>	<input type="checkbox"/> No	<u>  </u> / <u>  </u> / <u>  </u> (DD/MM/YYYY)
Admitted to ITU	<input type="checkbox"/> Yes → <a href="#">Specify date</a>	<input type="checkbox"/> No	<u>  </u> / <u>  </u> / <u>  </u> (DD/MM/YYYY)
Admitted to ITC	<input type="checkbox"/> Yes → <a href="#">Specify date</a>	<input type="checkbox"/> No	<u>  </u> / <u>  </u> / <u>  </u> (DD/MM/YYYY)
Required mechanical ventilation	<input type="checkbox"/> Yes → <a href="#">Specify date</a>	<input type="checkbox"/> No	<u>  </u> / <u>  </u> / <u>  </u> (DD/MM/YYYY)
Date discharged home:	<u>  </u> / <u>  </u> / <u>  </u> (DD/MM/YYYY)		<u>  </u> / <u>  </u> / <u>  </u> (DD/MM/YYYY)
Length of stay in hospital (days)	<u>  </u> days		

## SECTION 5.9: FOLLOW-UP OF THIS ATTACK

<b>5.9.1</b>	<b>Evidence in the record that this patient's inhaler technique was checked during or after treatment of this attack</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not known
<b>5.9.2</b>	<b>Evidence in the record of a structured management plan following treatment of this attack (education, medication, follow-up and safety netting advice)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not known
<b>5.9.3</b>	<b>Evidence of issuing a new or updated written asthma action plan for this patient following treatment of this attack</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not known
<b>5.9.4</b>	<b>Was this patient prescribed systematic steroids for ongoing short course of treatment following this attack?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not known

5.9.4.1 If yes, for how long?

- <3 days
- Until review
- Not known
- <5 days
- Until better

5.9.5 Patient seen for follow up after this attack:

- Yes → [Go to 5.9.5.1](#)
- No
- Not known

5.9.5.1 If yes, within what time period:

- <48 hours
- <1 week
- Not known
- <72 hours
- >1 week

5.9.6 What health professional saw them for the follow-up: *(tick all that apply)*

- Respiratory physician
- General physician
- Respiratory paediatrician
- General paediatrician
- Specialist registrar (respiratory)
- Specialist registrar (not respiratory)
- Junior hospital doctor
- GP
- GP (GP wSI respiratory)
- Practice nurse
- Practice nurse (with asthma diploma)
- Nurse consultant (respiratory)
- Nurse consultant (non-respiratory/other)
- Respiratory nurse
- Respiratory nurse (secondary care)
- Paramedic
- A&E consultant
- Other, please specify \_\_\_\_\_
- Not known

**FOR THOSE PATIENTS TREATED IN YOUR HOSPITAL (INPATIENT OR A&E OR URGENT CARE CENTRE):**

5.9.7 Hospital sent a discharge letter:

- <48 hours after the attack
- >5 days after the attack
- 2–5 days after the attack
- No record of notification

5.9.8 If a letter was sent from your hospital – detailed: *(tick all that apply)*

- Treatment given
- Advice given to patient
- Follow-up advice
- Any safety netting advice
- Other, please specify \_\_\_\_\_

5.9.9 If a letter was sent by your hospital/urgent care centre, did this detail the post-treatment PEF of the patient?

- Yes
- No
- Not known

5.9.9.1 If yes, what was it?

\_\_\_\_\_/min

**ADDITIONAL SPACE FOR FURTHER INFORMATION** *(please indicate question number you are referring to)*

---

**PLEASE PHOTOCOPY THIS FORM AND KEEP A COPY FOR YOUR RECORDS BEFORE RETURNING TO THE NRAD OFFICE AT THE RCP. POSTAL/EMAIL DETAILS CAN BE FOUND AT THE FRONT OF THIS FORM.**