

National Respiratory Audit Programme (NRAP)

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

Version 4: 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.

1. 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 entry point to the hospital 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

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	<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	<p>-----</p> <p>(If the patient resides in the UK but has no fixed abode, enter [NFA])</p>
2.5	Ethnicity	<p><input type="radio"/> White British</p> <p><input type="radio"/> White Irish</p> <p><input type="radio"/> Any other White background</p> <p><input type="radio"/> White and Black Caribbean</p> <p><input type="radio"/> White and Black African</p> <p><input type="radio"/> White and Asian</p> <p><input type="radio"/> Any other mixed background</p> <p><input type="radio"/> Indian</p> <p><input type="radio"/> Pakistani</p> <p><input type="radio"/> Bangladeshi</p> <p><input type="radio"/> Any other Asian background</p> <p><input type="radio"/> Caribbean</p> <p><input type="radio"/> African</p> <p><input type="radio"/> Any other Black background</p> <p><input type="radio"/> Chinese</p> <p><input type="radio"/> Any other ethnic group</p> <p><input type="radio"/> Not known</p> <p><input type="radio"/> Not recorded</p>
2.6	Does this patient have a current mental illness recorded?	<p><input type="radio"/> No / none</p> <p><input type="radio"/> Anxiety</p> <p><input type="radio"/> Depression</p> <p><input type="radio"/> Self-harm</p> <p><input type="radio"/> Eating disorder</p> <p><input type="radio"/> Known to MHS (children and young people's mental health services (CYPMHS) or children and adolescent mental health services (CAMHS))</p> <p><input type="radio"/> Severe mental illness</p>



	<input type="radio"/> Other <input type="radio"/> Not recorded
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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? <i>This question only applies to patients aged 11 years and over on the date of arrival</i>	
	3.1a) 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
	3.1b) Shisha	<input type="radio"/> Never <input type="radio"/> Ex <input type="radio"/> Current <input type="radio"/> Not recorded
	3.1c) Cannabis	<input type="radio"/> Never <input type="radio"/> Ex <input type="radio"/> Current <input type="radio"/> Not recorded
	3.1d) Other illicit substance	<input type="radio"/> Never <input type="radio"/> Ex <input type="radio"/> Current <input type="radio"/> Not recorded
3.2	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



3.3	Is the patient regularly exposed to second-hand smoke?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 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 (SpO ₂) measurement for the patient following arrival at hospital?	___% or
		<input type="checkbox"/> Not recorded
4.3a	Was this measurement taken whilst the patient was on supplementary oxygen?	<input type="radio"/> No – room air <input type="radio"/> Yes <input type="radio"/> Not recorded
4.4	What was the first recorded peak flow measurement (PEF) for the patient following arrival at hospital? <i>Question only applies to those patients aged 6 years and over on the date of arrival.</i>	___L/min or
		<input type="radio"/> Patient too unwell <input type="radio"/> Not recorded
4.4a	What was the patient's previous best PEF? <i>Question only applies to those patients aged 6 years and over on the date of arrival.</i>	___L/min or
		<input type="radio"/> Not recorded
4.4b	If previous best PEF = 'Not recorded' please give predicted PEF. <i>Question only applies to those patients aged 6 years and over on the date of arrival</i>	___L/min or
		<input type="radio"/> Not recorded



4.5	Did the patient experience any of the following during admission?	<input type="checkbox"/> Breathlessness (the inability to complete sentences in one breath or too breathless to talk or feed) <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"/> Confusion <input type="checkbox"/> None
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5. Admission		
Item	Question	Response
5.1	Date and time of admission to hospital	
5.1a	Date of admission to hospital	__/__/____ (dd/mm/yyyy)
5.1b	Time of admission to hospital	__:__ (24hr clock 00:00)

6. Acute Treatment		
Item	Question	Response
6.1	Was the patient reviewed by a member of the MDT trained in asthma care during their admission?	<input type="radio"/> Yes <input type="radio"/> No
6.2	Was the patient administered systemic steroids prior to their arrival at hospital for their asthma attack?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not recorded
6.3	Was the patient administered systemic steroids (including oral or IV) following arrival at hospital?	<input type="radio"/> Yes Date steroids first administered: __/__/____ Time steroids first administered: __:__



		<input type="radio"/> Not recorded <input type="radio"/> Not administered
6.4	Was the patient administered (<i>inhaled or nebulised</i>) β 2 agonists prior to their arrival at hospital for this asthma attack?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not recorded
6.5	Was the patient administered (<i>inhaled or nebulised</i>) β 2 agonists following arrival at hospital?	<input type="radio"/> Yes Date β 2 agonists first administered: ___/___/_____ Time β 2 agonists first administered: ___:___ <input type="radio"/> Not administered <input type="radio"/> Not recorded
6.6	Did the patient receive any of the following medications intravenously during their hospital admission?	<input type="checkbox"/> Aminophylline <input type="checkbox"/> Ketamine <input type="checkbox"/> Magnesium sulphate <input type="checkbox"/> β 2 agonists (e.g. salbutamol or terbutaline) OR <input type="checkbox"/> No
6.7	Was the patient transferred to a critical care setting at any point during admission?	<input type="checkbox"/> Yes – HDU <input type="checkbox"/> Yes – ICU <input type="checkbox"/> No

7. Review and discharge		
Item	Question	Response
7.1	Was the patient alive at discharge from your hospital?	<input type="radio"/> Yes <input type="radio"/> Died as inpatient
7.2	Date and time of discharge/transfer/death	___/___/_____ ___:___



7.3	Was a discharge bundle completed for this admission?	<input type="radio"/> Yes <input type="radio"/> Parental/carer/self-discharge <input type="radio"/> Patient transferred to another hospital <input type="radio"/> No
7.4	Which of the following elements of good practice care were undertaken as part of the patient's discharge?	<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"/> Triggers discussed <input type="checkbox"/> Tobacco dependency addressed <input type="checkbox"/> Parent/carer tobacco dependency addressed <input type="checkbox"/> Community follow up requested within 2 working days <input type="checkbox"/> Paediatric asthma clinic requested within 4 weeks <input type="checkbox"/> Paediatric respiratory specialist review if there have been life-threatening features OR <input type="checkbox"/> None
7.5	Was the patient in receipt of inhaled steroids at discharge?	<input type="radio"/> Yes <input type="radio"/> No – not medically indicated <input type="radio"/> No – reason not given <input type="radio"/> Offered but patient/parent/carer declined
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?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not recorded



7.7	Was the patient referred for hospital assessment/follow up of asthma?	<input type="radio"/> Yes <input type="radio"/> No – not medically indicated <input type="radio"/> Not recorded <input type="radio"/> Patient/parent/carer declined <input type="radio"/> Already being seen in secondary care clinic
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