



National Respiratory Audit Programme (NRAP)

COPD Secondary care audit - clinical audit data collection sheet

Version 6.2: June 2025

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)

2. Patient data		
Item	Question	Response
2.1	NHS number:	____-____-____ (10 digits)
2.2	Date of birth:	__/__/____ (dd/mm/yyyy)
2.3	Gender identity:	<input type="radio"/> Male (including trans man) <input type="radio"/> Female (including trans woman) <input type="radio"/> Non-binary <input type="radio"/> Not known (not recorded/asked) <input type="radio"/> Not stated (person asked but declined to provide a response)
2.3a	Is the patient's gender identity the same as birth indicator?	<input type="radio"/> Yes – the person's identity is the same as their gender assigned at birth <input type="radio"/> No – the person's identity is not the same as their gender assigned at birth <input type="radio"/> Not known (not recorded/asked) <input type="radio"/> Not stated (person asked but declined to provide a response)
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="radio"/> No/None <input type="radio"/> Anxiety <input type="radio"/> Depression <input type="radio"/> Severe mental illness (e.g. schizophrenia, bipolar disorder) <input type="radio"/> Dementia <input type="radio"/> Delirium <input type="radio"/> Mild cognitive impairment <input type="radio"/> Other <input type="radio"/> Not recorded
2.7	Does the patient currently smoke, or have they a history of smoking any of the following substances?	
	Tobacco (including manufactured or rolled cigarettes, pipe, cigars or 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
2.8	Was the patient reviewed by a tobacco dependence specialist during their inpatient admission?	<input type="radio"/> Yes <input type="radio"/> No – service not available at this hospital <input type="radio"/> No – service available at hospital but patient not reviewed <input type="radio"/> No – patient declined
2.8a	Was the patient prescribed nicotine replacement therapy during their inpatient admission?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Patient declined



2.8b	Was the patient prescribed other pharmacotherapy during their inpatient admission?	<input type="radio"/> Varenicline <input type="radio"/> Cytisine <input type="radio"/> None <input type="radio"/> Patient declined
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	Webtool will calculate after saving

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 persistent 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 persistent acidotic hypercapnic ventilatory failure.	--/--/---- (dd/mm/yyyy)
7.2b	Time of arterial blood gas measurement demonstrating persistent 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 <input type="radio"/> NIV not clinically appropriate
7.3a	Date NIV first commenced	--/--/---- (dd/mm/yyyy) <input type="radio"/> Not recorded
7.3b	Time NIV first commenced	--:-- (24hr clock 00:00) <input type="radio"/> Not recorded
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	Was the patient previously known to have COPD prior to this admission?	<input type="radio"/> Yes <input type="radio"/> No
8.1a	If yes, was this previous COPD diagnosis confirmed by obstructive spirometry?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Result not accessible <input type="radio"/> Not known
8.2	What was the patient's most recently recorded FEV1 % predicted?	___% (Enter a percentage between 15-125) Or <input type="radio"/> Not recorded
8.2a	Date of last recorded FEV1 % predicted:	__/__/____ (dd/mm/yyyy) Or <input type="radio"/> Not recorded
8.3	What was the patient's most recently recorded FEV1/FVC ratio?	.__ (Enter a value between 0.2 and 0.95) Or <input type="radio"/> Not recorded
8.3a	Date of last recorded FEV1/FVC ratio:	__/__/____ (dd/mm/yyyy) Or <input type="radio"/> Not recorded
8.4	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	Did the patient self-discharge?	<input type="radio"/> Yes <input type="radio"/> No
9.4	Which of the following specific elements of the discharge bundle were undertaken as part of the patient's discharge?	
	Inhaler technique and medication review <i>Can select all three</i>	<input type="radio"/> Inhaled therapy reviewed and optimised <input type="radio"/> Inhaler technique checked <input type="radio"/> Medication use and understanding reviewed <input type="radio"/> No elements completed
	Self-management plan <i>Can select one option</i>	<input type="radio"/> A written or digital self-management plan agreed and provided or reviewed <input type="radio"/> Not done



	Emergency drug pack <i>Can select one option</i>	<input type="radio"/> Yes, emergency drug pack provided <input type="radio"/> No, emergency drug pack not provided as not appropriate <input type="radio"/> Not done
	Tobacco dependency treatment on discharge <i>Can choose both NRT/pharmacotherapy and/or behavioural support.</i> This question does not need to be answered if patient is not a current tobacco smoker.	<input type="radio"/> Offered NRT and/or other pharmacotherapy on discharge <input type="radio"/> Offered onward referral for behavioural support on discharge <input type="radio"/> No elements completed
	Pulmonary rehabilitation <i>Can select one option</i>	<input type="radio"/> Assessed and referred for PR <input type="radio"/> Assessed and patient declined referral for PR <input type="radio"/> Assessed and not suitable for referral for PR <input type="radio"/> No elements completed
	Follow up requests <i>Can select one option</i>	<input type="radio"/> Follow up has been requested which should occur within 72 hours of discharge by person or by phone. <input type="radio"/> Not done
9.5	What was the patient's discharge plan?	<input type="radio"/> Hospital at home <input type="radio"/> Virtual ward <input type="radio"/> COPD community service <input type="radio"/> COPD secondary care clinic <input type="radio"/> Patient declined <input type="radio"/> None <input type="radio"/> Other