



National Respiratory Audit Programme (NRAP)

COPD Secondary care audit - clinical audit data collection sheet

Version 6.1: May 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 |



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|------|--|--|
| | | <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 |



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| 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 |



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| 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: | |



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| 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 | | |
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| 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 |



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| | 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 |