



National Respiratory Audit Programme (NRAP)

Adult asthma audit: Data Collection Sheet

Version 5: April 2025

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.

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 department (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 <input type="radio"/> Direct respiratory admission <input type="radio"/> Direct admission to other department <input type="radio"/> Admission from hospital outpatients

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 (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	----- (If the patient resides in the UK but has no fixed abode, enter [NFA])
2.5	Ethnicity	<ul style="list-style-type: none"><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?	<ul style="list-style-type: none"><input type="checkbox"/> No / none<input type="checkbox"/> Anxiety<input type="checkbox"/> Depression<input type="checkbox"/> Severe mental illness (e.g. schizophrenia, bipolar disorder)<input type="checkbox"/> Dementia<input type="checkbox"/> Delirium<input type="checkbox"/> Mild cognitive impairment<input type="checkbox"/> Other<input type="checkbox"/> Not recorded



Smoking status		
2.7	Does the patient currently smoke, or have they a history of smoking any of the following substances?	
	2.7a) Tobacco (including cigarettes (manufactured or rolled), pipe, cigars or shisha)	<input type="radio"/> Never <input type="radio"/> Ex <input type="radio"/> Current <input type="radio"/> Not recorded
	2.7b) 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"/> No – service not available at this hospital <input type="radio"/> No – service available but patient not reviewed <input type="radio"/> No - patient declined <input type="radio"/> Yes
2.8a	Was the patient offered nicotine replacement therapy during their inpatient admission?	<input type="radio"/> No <input type="radio"/> Yes <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



Acute observations		
Item	Question	Response
Heart and respiratory rates		
3.1	What was the first recorded heart rate for the patient following arrival at hospital?	___ BPM
3.2	What was the first recorded respiratory rate for the patient following arrival at hospital?	___ BPM
Oxygen saturation		
3.3	What was the first recorded oxygen saturation (SpO2) measurement for the patient following arrival at hospital?	___% or <input type="checkbox"/> Not recorded
3.3a	Was this measurement taken whilst the patient was on supplementary oxygen?	<input type="radio"/> Yes <input type="radio"/> No – room air <input type="radio"/> Not recorded
Peak flow		
3.4	Was a peak flow measurement taken at patient's initial admission?	<input type="radio"/> Yes <input type="radio"/> No – patient unable to do PEF <input type="radio"/> Not recorded
3.4a	If yes to Q3.4a, what was the first recorded peak flow measurement?	___ L/min
3.4b	What was the date of the first recorded peak flow measurement?	___/___/___ (dd/mm/yyyy) or <input type="checkbox"/> Not recorded
3.4c	What was the time of the first recorded peak flow measurement?	__:__ (24hr clock 00:00) or <input type="checkbox"/> Not recorded
3.5	What was the patient's previous best PEF?	___ L/min or <input type="checkbox"/> Not recorded
3.5a	If previous best PEF (Q3.5) = 'Not recorded' please give predicted PEF.	___ L/min or <input type="checkbox"/> Not recorded
Additional information on admission		
3.6	Did the patient experience any of the following below during admission	<input type="checkbox"/> Partial arterial pressure of oxygen (PaO2) < 8 kPa <input type="checkbox"/> 'Normal' partial arterial pressure of carbon dioxide (PaCO2) (4.6–6.0 kPa) <input type="checkbox"/> Raised PaCO2 and/or the need for mechanical ventilation with raised inflation pressures <input type="checkbox"/> Breathlessness (inability to complete sentences in one breath) <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"/> Altered conscious level <input type="checkbox"/> None
3.7	What is the documented severity assessment in the patient's notes?	<input type="radio"/> Moderate acute asthma <input type="radio"/> Acute severe asthma <input type="radio"/> Life-threatening asthma <input type="radio"/> Near fatal asthma <input type="radio"/> Not recorded

Admission

Item	Question	Response
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)

Acute Treatment

Item	Question	Response
Respiratory specialist review		
5.1	Was the patient reviewed by a respiratory specialist during their admission?	<input type="radio"/> Yes <input type="radio"/> No
5.1a	Date of first review by a member of the respiratory team	___/___/____ (dd/mm/yyyy)
5.1b	Time of first review by a member of the respiratory team	__:__ (24hr clock 00:00)

Oxygen, systemic steroids and β 2 agonists

5.2	Was oxygen administered to the patient at any point during their admission?	<input type="radio"/> Yes <input type="radio"/> No
5.3	Was the patient administered systemic steroids (including oral or IV) following arrival at hospital?	<input type="radio"/> Yes <input type="radio"/> Not administered
5.3a	Date steroids first administered:	___/___/____ (dd/mm/yyyy)
5.3b	Time steroids first administered:	__:__ (24hr clock 00:00)



5.4	Was the patient administered systemic steroids in the 24 hours prior to their arrival at hospital for this asthma attack?	<input type="radio"/> Yes <input type="radio"/> No
5.5	Was the patient administered β_2 agonists prior to their arrival at hospital for this asthma attack?	<input type="radio"/> Yes – up to 1 hour prior to arrival <input type="radio"/> No
5.6	Was the patient administered β_2 agonists (including nebulised and MDI with spacers) following arrival at hospital?	<input type="radio"/> Yes <input type="radio"/> Not administered
5.6a	Date of β_2 agonists	__/__/____ (dd/mm/yyyy)
5.6b	Time of β_2 agonists	__:__ (24hr clock 00:00)

Review and discharge

Item	Question	Response
Discharge/Death		
6.1	Was the patient alive at discharge from your hospital?	<input type="radio"/> Yes <input type="radio"/> No - died as inpatient
6.2a	Date of discharge/transfer/death	__/__/____
6.2b	Time of discharge/transfer/death	__:__

Discharge care

6.3	Was a discharge bundle completed for this admission?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Self-discharge <input type="radio"/> Patient transferred to another hospital
6.4	Which of the following specific elements of good practice care were undertaken as part of the patient's discharge?	<p><u>BTS – Asthma 4</u></p> <p>Action 1 – medication review</p> <p><input type="checkbox"/> Maintenance medication Maintenance medication reviewed</p> <p><input type="checkbox"/> Adherence Adherence discussed.</p> <p><input type="checkbox"/> Inhaler technique Inhaler technique checked and optimised</p> <p>Action 2 – personalised asthma action plan</p> <p><input type="checkbox"/> PAAP PAAP issued/reviewed.</p>



		<p>Action 3 – tobacco dependence advice and support for current smokers</p> <p><input type="checkbox"/> Tobacco dependency Provided with tobacco dependence advice and referred for specialist support (Validation: this option is only enabled for current tobacco smokers - question 2.7a='Current')</p> <p>Action 4 – clinical review within 4 weeks</p> <p><input type="checkbox"/> Specialist review Specialist review requested within 4 weeks.</p> <p>Additional discharge guidance</p> <p><input type="checkbox"/> Community follow up Community follow up requested within 2 working days.</p> <p><input type="checkbox"/> None Choose this option if none of the other discharge elements were undertaken.</p>
--	--	---

Steroids and referral for hospital review		
Item	Question	Response
Discharge/Death		
7.1	Was the patient in receipt of inhaled steroids at discharge?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not prescribed for medical reasons
Oral steroids and hospital assessment		
7.2	Was the patient prescribed at least 5 days of oral steroids for treatment of their asthma attack?	<input type="radio"/> Yes <input type="radio"/> No
7.3	Has the patient been prescribed more than 2 courses of rescue/emergency oral steroids in the last 12 months?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not recorded