

National respiratory audit programme (NRAP)

National Respiratory Audit Programme (NRAP)

Children and young people asthma secondary care audit - clinical audit dataset

Version v5: April 2025

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Arriva	l information			
Item No.	Question	Text under question	Pop-up help note	Validation
	Inclusion and exclusion criteria	 Include patients who are between 1 and 5 years old on the date of arrival and have been admitted* to a hospital paediatric service with a primary 	We suggest that cases should be identified prospectively.	
		diagnosis of an asthma attack OR a primary diagnosis of wheeze AND a secondary diagnosis of asthma (include patients where this was initially unclear, but later identified as an asthma attack/wheeze AND asthma attack)	To aid case ascertainment, ensure all eligible patients for the audit are entered into the audit. This should be checked retrospectively by searching for all cases which have been coded with the following	
		 who are between 6 and 18 years old on the date of arrival and have been admitted* to a hospital paediatric service with a primary 	ICD-10 codes in the primary/secondary and tertiary position: • Children aged 1-5	
		diagnosis of an asthma attack.	 J45.0 - Predominantly allergic asthma (primary diagnosis) 	
		*Where admission is an episode in which a patient with an asthma attack is admitted and stayed in hospital for 4 hours or more	 J45.1 - Nonallergic asthma (primary diagnosis) J45.8 - Mixed asthma (primary 	
		(this includes Acute Medical Units (AMU), Clinical Decision Units/Children's Observation Units, short stay wards or similar,	diagnosis) o J45.9 - Asthma, unspecified (primary diagnosis)	
		but excludes patients treated transiently before discharge from the Emergency Department (ED)).	 J46 - Status asthmaticus (Includes.: Acute severe asthma) (primary diagnosis) 	
			 R06.2 - Wheezing (primary diagnosis) AND any of the asthma codes listed above as a secondary 	
		 Exclude patients under the age of 1 (due to the complex nature of diagnosing asthma in this age group); 	diagnosis NEW (01/04/23) * B34.9 – Viral infection (primary diagnosis) AND	

Arriva	l information			
Item No.	Question	Text under question	Pop-up help note	Validation
		 in whom an initial diagnosis of an asthma attack was revised to an alternative diagnosis at a later stage of the admission; who are between 16 and 18 years old, but managed on an adult ward. Patients admitted to a Same Day Emergency Care ward should be coded as part of their	R06.2 – Wheezing (secondary diagnosis) AND any of the asthma codes listed above as a third diagnosis • CYPs aged 6-18 • J45.0 - Predominantly allergic asthma (primary diagnosis)	
		Emergency Care Data Set (ECDS) and not using the ICD10 coding - https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/emergency-care-data-set-ecds/same-day-emergency-care Therefore SDEC patients are not eligible for the CYP asthma secondary care audit.	 J45.1 - Nonallergic asthma (primary diagnosis) J45.8 - Mixed asthma (primary diagnosis) J45.9 - Asthma, unspecified (primary diagnosis) J46 - Status asthmaticus (Includes.: Acute severe asthma) (primary 	
		Please note: only children and young people who have been coded with the ICD-10 codes listed under the pop-up help note for this question should be entered into the audit.	diagnosis)	
1.1	Date and time of arrival at your hospital	Please record the date and time the patient arrived at your hospital. It is important to record the arrival time because this is the first point of contact with the organisation.	The point of arrival is often the ED, or AMU, though patients occasionally come from home/elsewhere into other wards. These cases must also be included.	
		Date and time of arrival to hospital must be completed for all patients.	For patients arriving by ambulance the time of arrival at hospital should be used, not the time of handover to the ED team.	

Arriva	Arrival information					
Item No.	Question	Text under question	Pop-up help note	Validation		
			It is important to record the arrival time because this is the first point of contact with the organisation and, therefore, the starting point for determining the time to key elements of asthma care (e.g. administration of steroids and other medications). Time is best determined from the ambulance transfer sheet, the A&E/ED record or AMU/ward arrival record.			
1.1a	Date of arrival	dd/mm/yyyy		Look of answer option:// Latest date = Today's date		
1.1b	Time of arrival	24hr clock 00:00		Look of answer option::_ Cannot be a time in the future.		
1.2	Which department (entry point) to the hospital did the patient receive their first review and treatment in?	Please record the area of the hospital in which the patient underwent their first review and treatment.		Radio buttons <u>5</u> options: Emergency department Acute medical unit (AMU) Direct respiratory admission Direct admission to other department Admission from hospital outpatients Can select <u>one</u> option only.		

Patie	nt			
Item	Question	Text under question	Pop-up help note	Validation
2.1	NHS number	The field will accept valid NHS Numbers which are ten digits long. Optionally, you can enter spaces or dashes or 3-3-4 format.	Permission has been granted to use the NHS number as a patient identifier. This will be used to determine: readmission rate mortality case mix length of stay and the timing of key care processes. The NHS number is essential to create a Patient Record. It should only consist of digits. It may be formatted as 000 000 0000 (spaces) or 000-000-0000 (dashes)	Look of answer option: or Must be a 10-digit number.
			 It should contain exactly 10 digits. NHS Numbers start with a 4, 6 or 7 A warning will be given if the number appears invalid. Use '[NONNHS]' for patients that reside in the UK, but do not have an NHS number. 	
2.2	Date of birth	Do not include patients in this audit who on the date of arrival were: under 1 year of age (i.e. under 12 months) between the ages of 16-18 and treated on an adult unit/ward.	Date of birth may be entered numerically e.g. 01/03/2017 can be inputted as 1 3 17.	Look of answer option: // The web tool does not accept any patients: • below 1 year of age (i.e. under 12 months) • above the age of 18 years and 364 days

Patien	t			
Item	Question	Text under question	Pop-up help note	Validation
		 above the age of 18 years Only include patients between the age of 1 and 18 years who have been treated on a paediatric unit/ward (see inclusion criteria and FAQs for further information) 		Cannot be a date in the future.
2.3	Gender	Please enter the patient's gender as it appears in the notes/referral information.		 Radio buttons <u>5</u> options: Male (including trans man) Female (including trans woman) Non-binary Not known (not recorded/asked) Not stated (person asked by declined to provide a response) Can select <u>one</u> option only.
2.3a	Is the patient's gender identity the same as birth indicator?	Please enter the patient's gender as it appears in the notes/referral information.		 Radio buttons 4 options: Yes – the person's identity is the same as their gender assigned at birth No – the person's identity is not the same as their gender assigned at birth Not known (not recorded/asked) Not stated (person asked but declined to provide a response) Can select one option only.

Patie	Patient					
ltem	Question	Text under question	Pop-up help note	Validation		
2.4	Home postcode	Please enter the full postcode. For patients with no fixed abode use '[NFA]'. Square brackets must be used where specified.	Permission has been given to facilitate case-mix adjustment and understand local referral trends.	Allows '[NFA]' for patients with no fixed abode. Square brackets must be used where specified.		
2.5	Ethnicity	Please enter the patient's ethnicity as it appears in the notes.	It is not expected that services ask patients about their ethnicity. Please answer this question based on the information recorded in the patient notes.	Drop down list 18 options: White British Any other White background White and Black Caribbean White and Black African White and Asian Any other mixed background Indian Pakistani Bangladeshi Any other Asian background Caribbean African Any other Black background Chinese Any other ethnic group Not known Not recorded Can select one option only.		

Patien	Patient					
Item	Question	Text under question	Pop-up help note	Validation		
2.6	Does this patient have a current mental illness or cognitive impairment recorded?	Select all answers or 'No/None' or 'Not recorded'. Please answer this question based on the information recorded in the patient notes.	It is not expected that services ask patients about their mental health status. Please answer this question based on the information recorded in the patient notes. 'Other' should be used where the patient is considered to have a mental health illness, but this does not appear in the options given.	 Check boxes 8 options: No / none Anxiety Depression Eating disorder Known to children and young people's mental health services (CYPMHS) or children and adolescent mental health services (CAMHS) Severe mental illness (including self-harm) Other Not recorded Select all that apply. 		

Smok	Smoking status				
Item	Question	Text under question	Pop-up help note	Validation	
3.1	Does the patient currently smoke, or have they a history of smoking any of the following substances? Tobacco (including cigarettes (manufactured or rolled), pipe, cigars or shisha) or cannabis?	Please select never, ex or current based on the smoking status recorded in the patient notes. Patients that vape but do not smoke traditional tobacco are not classified as smokers. If the patient stopped smoking at least 4 weeks prior to the admission, please enter 'Ex-smoker'. If the patient has stopped within 4 weeks, mark as a 'Current smoker'.	 This question aligns to: NICE 2022 (Tobacco - treating dependence) QS207. https://www.nice.org.uk/guidance/qs207 BTS/SIGN 2019 (Management of asthma) guidelines 6.2.3 and 7.2.6 NRAD 2014 (Why asthma still kills), recommendation 2 of patient factors and perception of risk. Only applying this question to children aged 11 and over is based on extensive feedback from pilot hospitals that secondary school was an appropriate age at which to start asking about smoking. 	See below for validation and options. Question is greyed out if their date of birth at admission is <11 years old.	

Smoki	ng status						
Item	Question	Text under question	Pop-up help note		Va	alidation	
			Pop-up help note: Please select never, ex, current or not recorded based on the smoking status recorded in the patient notes. Using radio buttons – select one for each substance			the smoking status	
				Never	Ex	Current	Not recorded
			3.1a) Tobacco (including cigarettes (manufactured or rolled), pipe, cigars or shisha)				
			3.1b) Cannabis				
			Data capture and completeness for this qu	estion will	be reported	d in NRAP liv	e run chart
3.2	Does the patient	Patients that vape but do not smoke tobacco are not smokers					<11 years old
	currently use a vape or electronic cigarette?	If the patient has stopped within 4 weeks, mark as 'Current'.			Ka	NeverExCurrerNot re	
					Se	elect <u>one</u> opt	ion only

Smoki	Smoking status						
Item	Question	Text under question	Pop-up help note	Validation			
3.3	Is the patient regularly exposed to second-hand smoke?	Please select 'Yes' if the patient is exposed to second hand smoke in the home/a place where they spend significant periods of time (i.e. with extended family members) at least weekly. This may be parent, patient carer or other household member. If the exposure stopped at least 4 weeks prior to the admission, please enter 'No'.	This question aligns to NRAD 2014 (Why asthma still kills), recommendation 2 of patient factors and perception of risk. Data capture and completeness for this question will be reported in NRAP live run chart	Radio buttons <u>3</u> options: • Yes • No • Not recorded Select <u>one</u> option only			

Acute	Acute observations					
Item	Question	Text under question	Pop-up help note	Validation		
4.1	What was the first recorded heart rate for the patient following arrival at hospital?	Record as a whole number only, within the range of 0-250 BPM.	This question aligns to: NICE 2018 QS25 (Assessing severity) https://www.nice.org.uk/guidance/q s25/chapter/quality-statements BTS/SIGN 2019 (Management of asthma) guideline 9.7.1	Look of answer option: BPM Whole number. Must be a maximum of 3-digit number between 0-250 only.		
4.2	What was the first recorded respiratory rate for the patient following arrival at hospital?	Record as a whole number, within the range of 0-80 BPM.	This question aligns to: NICE 2018 QS25 (Assessing severity) https://www.nice.org.uk/guidance/q s25/chapter/quality-statements BTS/SIGN 2019 (Management of asthma) guideline 9.7.1	Look of answer option: —— BPM Whole number. Must be a maximum of 2-digit number between 0-80 only.		
4.3	What was the first recorded oxygen saturation (SpO ₂) measurement for the patient following arrival at hospital?	Record as a whole number, within a range of 60 – 100%.	 This question aligns to: NICE 2018 QS25 (Assessing severity) https://www.nice.org.uk/guidance/q s25/chapter/quality-statements BTS/SIGN 2019 (Management of asthma) guideline 9.7.2 	Look of answer option:% OR • Not recorded Enter numeric value OR select radio button option		

Acute	cute observations				
Item	Question	Text under question	Pop-up help note	Validation	
4.3a	Was this measurement taken whilst the patient was on supplementary oxygen?			Radio buttons 3 options: No - room air Yes Not recorded Select one option only	
4.4	What was the first recorded peak flow measurement (PEF) for the patient following arrival at hospital?	Question only applies to those patients aged 6 years and over (Q2.2) on the date of arrival (Q1.1a) Record as a whole number within a range of 30-800 L/min. The best pre-bronchodilator value should be recorded in L/min. Record the first measured peak flow (PEF) upon arrival at hospital for this attack.	 These questions aligns to: NICE 2018 QS25 (Assessing severity) https://www.nice.org.uk/guidance/qs25/chapter/quality-statements BTS/SIGN 2019 (Management of asthma) guidelines on peak flow as one of the recommended measurement systems referred to for assessing asthma severity (9.7.3). This age was chosen as evidence indicates that children aged five years and under are not able to use a peak flow meter effectively. 	Greyed out if patient is under 6 years of age on the date of arrival (according to questions 2.2 and 1.1a) Enter numeric value OR select one radio option only L/min (on arrival) OR Patient too unwell Not recorded	

Acute	Acute observations				
Item	Question	Text under question	Pop-up help note	Validation	
4.4a	What was the patient's previous best PEF?	Question only applies to those patients aged 6 years and over (Q2.2) on the date of arrival (Q1.1a)		Greyed out if patient is under 6 years of age on the date of arrival (according to questions 2.2 and 1.1a)	
		Record as a whole number. If 'Not recorded', enter predicted. Range for both should be 30-800.		Enter numeric value <u>OR</u> select radio option only L/min	
		Previous best according to Personalised Asthma Action Plan (PAAP), patient notes or the patient themselves is to be given to accompany PEF on arrival. If previous best is not available, predicted should be entered in Question 4.4b.		OR Not recorded	

Acute	observations			
Item	Question	Text under question	Pop-up help note	Validation
4.4b	If previous best PEF = 'Not recorded' please give predicted PEF:	Question only applies to those patients aged 6 years and over (Q2.2) on the date of arrival (Q1.1a) Record as a whole number within a range of 30-800 L/min.		Question greyed out if patient is under 6 years of age on the date of arrival (according to questions 2.2 and 1.1a), OR Q4.4a is completed. Enter numeric value OR select radio option only L/min OR • Not recorded
4.5	Did the patient experience any of the following below during admission?	 Breathlessness - Inability to complete sentences in one breath or too breathless to talk or feed (including increased work of breathing) Silent chest Cyanosis Poor respiratory effort Hypotension Exhaustion Confusion – altered conscious level 	This question aligns to the following guidance: • https://bnf.nice.org.uk/treatment-summaries/asthma-acute/ • NICE/BTS/SIGN joint Guideline for the Diagnosis, Monitoring and Management of Chronic Asthma-https://www.brit-thoracic.org.uk/quality-improvement/guidelines/asthma/	Select all that apply Check boxes 8 options: ☐ Breathlessness ☐ Silent chest ☐ Cyanosis ☐ Poor respiratory effort ☐ Hypotension ☐ Exhaustion ☐ Confusion ☐ None

Admis	dmission				
Item No.	Question	Text under question	Pop-up help note	Validation	
5	Admission	We measure both arrival and admission times as there is usually a delay between the two for those patients who need to stay in hospital.			
5.1	Date and time of admission	Please record the date and time as noted on the initial admission clerking record, in the ED, AMU, or other admission ward. You may use the nursing record or time of initial observations if you are unable to find a time on the medical clerking sheet.	Where admission is an episode in which a patient with an asthma attack is admitted and stayed in hospital for 4 hours or more. This includes: Emergency Medicine Centres, Acute Medical Units, Clinical Decision Units, short stay wards or similar, but excludes patients treated transiently before discharge from the Emergency Department (ED).		
5.1a	Date of admission to hospital	dd/mm/yyyy		Look of answer option:	
5.1b	Time of admission to hospital	24hr clock 00 : 00		Look of answer option::	

Acute	Acute treatment				
Item	Question	Text under question	Pop-up help note	Validation	
6.1	Was the patient reviewed by a member of the MDT trained in asthma care during their admission?	The make-up of the MDT may vary between hospitals, but may be defined locally to include health professionals deemed competent by the lead consultant for asthma care to see and manage patients with acute asthma attacks. These staff members <i>might</i> include consultants (whether respiratory or general paediatricians), trainees of ST3 above, specialist asthma nurses, or specialist pharmacists.	 This question aligns to: NICE 2018 QS25 (Specialist review) https://www.nice.org.uk/guidance/qs2 5/chapter/Quality-statements NRAD 2014 (Why asthma still kills), recommendation 2 of organisation of NHS services. 	 Radio buttons <u>2</u> options: Yes No Select <u>one</u> option only	
6.2	Was the patient administered systemic steroids in the 24 hours prior to their arrival at hospital for this asthma attack?	Please select 'Yes' if the patient received systemic steroids in the 24 hours prior to hospital arrival for this asthma attack. This may have been in the community (by a GP or nurse), in the ambulance, or via self-administration. Please select 'Not recorded' if no information is available for this question.	This question aligns to: NICE 2018 QS25 (Treatment of acute asthma) https://www.nice.org.uk/guidance/qs2 5/chapter/Quality-statements RCEM 2017 asthma guidance on administration of systemic steroids BTS/SIGN 2019 (Management of asthma) guideline 9.8.4.	Radio buttons <u>3</u> options: • Yes • No • Not recorded Select one option only	

Acute	Acute treatment				
Item	Question	Text under question	Pop-up help note	Validation	
6.3	Was the patient administered systemic steroids (including oral or IV) following arrival	Please record the date and time of the first administration of systemic steroids. i.e. any corticosteroid administered orally or intravenously upon arrival at hospital for this	Children between 1-5 years of age should only be given systemic steroids in the event of a severe exacerbation of asthma.	Select 'Yes' <u>AND</u> enter date and time values <u>OR</u> select 'Not recorded' <u>OR</u> 'Not administered'	
	at hospital?	attack.	This question aligns to: NICE 2018 QS25 (Treatment of acute	Select one optionYes	
		Date and time should not be before date and time of arrival.	asthma) https://www.nice.org.uk/guidance/qs2 5/chapter/Quality-statements	Date steroids first administered:	
		Date and time should not be in the future.	 RCEM 2017 asthma guidance on administration of systemic steroids BTS/SIGN 2019 (Management of asthma) guideline 9.8.4. 	Time steroids first administered: Not recorded Not administered	
6.4	Was the patient administered β2 agonists prior to their arrival at hospital for this asthma attack?	Please select 'Yes' if the patient was administered additional inhaled or nebulised β2 agonists for this asthma attack prior to their arrival at hospital e.g. in the ambulance, primary care or self-administered. Please select 'Not recorded' if no information is available for this question.	For children requiring nebulisers, BTS guidance is as follows: BTS guidance on nebulised salbutamol: Give β2 agonist more frequently e.g. salbutamol 5 mg up to every 15-30 minutes or 10 mg per hour via continuous nebulisation (requires special nebuliser). This question aligns to:	Radio buttons <u>3</u> options: • Yes • No • Not recorded Select <u>one</u> option only	
			 RCEM 2017 asthma guidance on administration β2 agonist BTS/SIGN 2019 (Management of asthma) guideline 9.8.2. 		

Acute	Acute treatment				
Item	Question	Text under question	Pop-up help note	Validation	
6.5	Was the patient administered β2 agonists following arrival at hospital?	Please record the date and time of the first administration of inhaled or nebulised β2 agonist (e.g. salbutamol) upon arrival at hospital for this attack. Date and time should not be before date and time of arrival. Date and time should not be in the future.	For children requiring nebulisers, BTS guidance is as follows: BTS guidance on nebulised salbutamol: Give β2 agonist more frequently eg salbutamol 5 mg up to every 15-30 minutes or 10 mg per hour via continuous nebulisation (requires special nebuliser). This question aligns to: RCEM 2017 asthma guidance on administration β2 agonist BTS/SIGN 2019 (Management of asthma) quideline 9.8.2.	Select 'Yes' AND enter date and time values, OR select 'Not recorded' OR 'Not administered' • Yes Date β2 agonists first administered // Time β2 agonists first administered : • Not recorded • Not administered	
6.6	Did the patient receive any of the following medications intravenously during their hospital admission?	Select all medications listed that the patient received intravenously during their admission.	This question aligns to: BTS/SIGN 2019 (Management of asthma) guideline 9.9 (Second-line treatment of acute asthma in children), [including 9.9.1 (Intravenous salbutamol), 9.9.2 (Intravenous aminophylline), 9.9.3 (Intravenous magnesium sulphate)], and 9.9.5 (Critical care)	Select multiple medications <u>OR</u> 'No' radio button only Check boxes <u>4</u> options: ☐ Aminophylline ☐ Ketamine ☐ Magnesium sulphate ☐ β2 agonists (e.g. salbutamol or terbutaline) <u>OR</u> • No	

Acute	Acute treatment				
Item	Question	Text under question	Pop-up help note	Validation	
6.7	Was the patient transferred to a critical care setting at any point during their admission?	Select all critical care settings the patient was seen in during their admission.	This question aligns to: BTS/SIGN 2019 (Management of asthma) guideline 9.9.5 (Critical care)	Select multiple settings <u>OR</u> 'No' radio button only Check boxes <u>2</u> options: Yes - HDU Yes - ICU OR No	

Reviev	Review and discharge				
Item	Question	Text under question	Pop-up help note	Validation	
7.1	Was the patient alive at discharge from your hospital?			 Radio buttons <u>2</u> options: Yes No - died as inpatient Select <u>one</u> option only 	

Revie	Review and discharge				
Item	Question	Text under question	Pop-up help note	Validation	
7.2	Date and time of discharge/transfer /death	Please enter date and time of discharge/transfer/death.	 The date of discharge is usually found at the end of the admission record, or on the discharge summary. If the patient is transferred to another hospital, please provide the date and time of transfer. If the patient is moved onto an early discharge scheme, hospital at home or community asthma scheme, please give the date and time of discharge from your hospital and not the scheme. If the patient self-discharged, please provide date and time of self-discharge. 		
7.2a	Date of discharge/transfer/ death	dd/mm/yyyy		Look of answer option: // Must be the same as or after date and time of arrival.	
7.2b	Time of discharge/transfer/ death	24hr clock 00:00		Look of answer option: —: Must be the same as or after date and time of arrival.	

Revie	Review and discharge				
Item	Question	Text under question	Pop-up help note	Validation	
7.3	Was a discharge bundle completed for this admission?	To answer 'Yes' to this question there must be objective evidence of a care bundle in the notes. This may include a bundle sheet or sticker in the notes or a check box in an electronic patient record. If 'No' or 'Parental/carer/self-discharge' are selected, please still complete what elements of a discharge bundle/good practice were complete for this patient in Q7.4.	A discharge bundle is a structured way of improving discharge processes and care which leads to improved patient outcomes. It is based on evidence based clinical interventions or actions. See BTS asthma 4 guidance. This question aligns to: NICE 2018 QS25 (Specialist review)	Greyed out if Q7.1 'No – died as inpatient' selected. Select one option only Radio buttons 4 options: Yes Parental/carer/self-discharge Patient transferred to another hospital No	
7.4	Which of the following elements of good practice care were undertaken as part of the patient's discharge?	If any of the good practice care elements have not been completed and/or are not applicable, please do not select the element. If none of these elements were completed, please select 'None'. If 'No' or 'Parental/carer/self-discharge' are selected (Q7.3) please select which elements of good practice care were completed for this patient.	Follow up requests Communication directly with a named individual responsible for asthma care within the practice, by means of fax or email counts as a request for follow-up. If the patient has been asked and/or been provided with the necessary information they need to make/request the follow up appointment(s) themselves within the recommended timeframe, please select that the component was completed. Paediatric asthma clinic A 'paediatric asthma clinic' is defined as a designated hospital-based asthma clinic that accepts patients under the age of 18. This may be staffed by an advanced	Greyed out if Q7.1 'No − died as inpatient' OR Q7.3 'Patient transferred to another hospital' is selected. Check boxes 11 options ☐ Inhaler technique checked ☐ Maintenance medication reviewed ☐ Adherence discussed ☐ PAAP issued/reviewed ☐ Triggers discussed ☐ Tobacco dependency addressed [Should grey out if under 11 years (Q2.2) or not 'Current smoker' (Q3.1)] ☐ Parent/carer/household tobacco dependency addressed [Should grey out if not exposed to second-hand smoke (Q3.3)	

Revie	Review and discharge			
Item	Question	Text under question	Pop-up help note	Validation
			pharmacist, a specialist nurse, or a consultant. PAAP = Personalised Asthma Action Plan. This question aligns to: NICE 2018 QS25 (PAAPs), (Inhaler technique), (Assessing asthma control) and (Follow up) RCEM 2017 asthma guidance on assessment before discharge BTS/SIGN 2019 (Management of asthma) guidelines 2.2, 2.4, 2.5, 7.1, 9.6.3 and other supporting text on page 43 NRAD 2014 (Why asthma still kills) recommendations on PAAPs, follow up arrangements, triggers, assessment of asthma control, non-adherence to preventer medication, professional awareness of risk factors, patient selfmanagements and education on asthma management.	☐ Community follow up requested within 2 working days ☐ Paediatric asthma clinic requested within 4 weeks ☐ Paediatric respiratory specialist review if there have been lifethreatening features OR ☐ None Select all that apply

Review and discharge				
Item	Question	Text under question	Pop-up help note	Validation
7.5	Was the patient in receipt of inhaled steroids at discharge?	Answer 'Yes' to this question if the patient was prescribed inhaled steroids either singly or in combination with long acting beta-agonist. Only use 'No - not medically indicated' if it is documented in the notes why inhaled steroids are not required.	This question aligns to: BTS/SIGN 2019 (Management of asthma) Annex 5	Greyed out if Q7.1 'No – died as inpatient' OR Q7.3 'Patient transferred to another hospital' is selected. Radio buttons 4 options: Yes No - not medically indicated No - reason not given Offered but patient/parent/carer declined Select one option only
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?	In patients already prescribed maintenance steroids, a 'rescue' course refers to a period of time when an increased dose of steroids/an alternative systemic steroid was given. The 'last 12 months' refers to the year prior to the patient's arrival at hospital for this asthma attack.	This question aligns to: NRAD 2014 (Why asthma still kills) recommendation on courses of systemic corticosteroids and referral to specialist asthma services.	Select one option only Radio buttons 3 options: Yes No Not recorded