A close-up of a document

AI-generated content may be incorrect.NRAP

**CYP asthma discharge letter**

**Patient name:**

**Date of birth (dd/mm/year):**

**Date of admission:**

**Date of discharge:**

**Discharging ward:**

**Completed by:**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **1. Clear information for GP** | **(i) Clear statement of diagnosis** | Diagnosis:  Code: |
| **(ii) Severity of asthma attack** | Mild / moderate / severe / life-threatening |
| **(iii) Treatment plan** | Include medication changes, trigger management |
| **(iv) Post-discharge review** | Responsible clinician/service: |
| **(v) Regular follow-up plan** | Named clinician/service: |
| **2. Record of previous exacerbations** | **Especially within the previous year, any requiring IV treatment or any admission to critical care** | Notes: |
| **3. Red flags related to current episode** | **Which may relate to:**   * **medications** * **poor symptom recognition** * **lack of regular review** * **environmental factors** * **special needs/ other medical conditions (comorbidities)** * **triggers** | Notes: |
| **4. Treatment during current admission** | **Including oxygen or IV therapy and/or admission to critical care** | Notes: |

National Respiratory Audit Programme (NRAP) | [nrapinbox@rcp.ac.uk](mailto:nrapinbox@rcp.ac.uk) | 020 3075 1526 | [NRAP webpage](https://www.rcp.ac.uk/improving-care/national-clinical-audits/the-national-respiratory-audit-programme-nrap/)

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **5. Discharge planning** | **(i) Inhaler technique checked during hospital stay** | □ Yes □ No |
| **(ii) Asthma plan completed/checked** | □ Yes □ No |
| **(iii) Advice to families regarding post-admission period** | □ Provided □ Not provided |
| **Consider recording the results of relevant tests completed in hospital, eg blood tests / allergy testing / radiological tests / FeNO / PEF / spirometry** |  | Blood tests / allergy testing / radiology / FeNO / PEF / spirometry – include values and dates |

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