



NRAP Good Practice Repository – Adult asthma



Hull Royal Infirmary
Hull University Teaching Hospitals NHS Trust

KPI 6:

Receipt of inhaled steroids at discharge

Hull Royal Infirmary achieved:

98.5% - 2023/24*

*% of patients submitted to the audit.

Overview

Of the 200 patients discharged from our care from April 2023 to March 2024 and coded as an exacerbation of asthma, the BTS asthma discharge bundle was completed in 98.5% of patients and these were all discharged on an ICS (as an ICS inhaler on its own or an ICS/LABA combination inhaler).

BTS bundle (Asthma Attack 4)



BTS Asthma 4: an asthma attack bundle: 2024

This care bundle describes 4 high impact actions to ensure the best clinical outcome for patients with an acute asthma attack (often referred to as an exacerbation). The aim is to reduce the risk of further asthma attacks, reduce the number of patients who are readmitted to hospital following discharge, and encourage follow-up and appropriate onward referral (if necessary).

The asthma care bundle is designed to be used in any healthcare setting where a patient could present with an asthma attack. It applies to adults, or adolescents (16+) transitioning to adult services. For children who have an asthma attack, we refer you to the advice outlined in the [National Bundle of Care for CYP with Asthma](#).

Patient sticker

COMPLETE FOR PATIENTS WITH AN ASTHMA ATTACK	ACTION 1: MEDICATION REVIEW a) The patient should be observed using their inhalers and coached to improve their technique as necessary (links to videos available below). b) Preventer (inhaled corticosteroid [ICS] containing) inhaler should be prescribed if the patient does not have a preventer inhaler. c) Adherence to the preventer (ICS-containing) inhaler should be assessed objectively (e.g., medication pick up rate). If it is suboptimal (<75% pick up rate in the previous 6-12 months), importance of adherence to preventer inhaler should be discussed and where possible, individualised support provided to improve this. n.b. If the attack occurs despite good inhaler technique and good adherence to a low or medium dose ICS inhaler (≥75% medication pick up rate), treatment should be stepped up as per BTS and/or local guidelines. Preventer (ICS-containing) inhaler prescribed Yes <input type="checkbox"/> Already prescribed <input type="checkbox"/> Patient inhaler technique observed and optimised Yes <input type="checkbox"/> No <input type="checkbox"/> Adherence assessed objectively Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to assess <input type="checkbox"/> Importance of adherence to ICS inhaler discussed Yes <input type="checkbox"/> No <input type="checkbox"/>	Signature
		Date
	ACTION 2: PERSONALISED ASTHMA ACTION PLAN A Personalised Asthma Action Plan (PAAP) should be provided to the patient on how to carry out disease specific elements of self-care, including identifying factors in their home and/or work environment that could trigger further attacks. Existing plans should be checked and updated. This is associated with improved patient/carer understanding of asthma and reduces risk of further attacks and hospitalisation. Personalised Asthma Action Plan provided Yes <input type="checkbox"/> No <input type="checkbox"/> Already has one <input type="checkbox"/> If already has plan, has it been checked and updated Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Signature
		Date
ACTION 3: TOBACCO DEPENDENCE ADVICE AND SUPPORT FOR CURRENT SMOKERS Patients who are current smokers should be provided with tobacco dependence advice and referred to specialist support. Very Brief Advice (VBA) on tobacco dependence should be given as a minimum. Current smoker provided with tobacco dependence advice and referred to specialist support Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Signature	
	Date	
ACTION 4: CLINICAL REVIEW WITHIN 4 WEEKS A clinical review should take place within 4 weeks for all patients, although some patients may require one sooner. Clinical review can be by any healthcare professional trained in asthma care and should cover reviewing asthma attack history and biomarkers, optimising treatments and arranging onward referral if needed. *If the patient has required ≥3 courses of oral corticosteroids in the previous 12 months for asthma attacks despite good adherence to a medium-high dose ICS they may require additional treatment with biologic therapy. Please follow local referral pathways for asthma and ensure follow-up is arranged *If the patient is on maintenance oral corticosteroids for their asthma, please refer directly to a severe asthma centre Clinical review within 4 weeks arranged Yes <input type="checkbox"/> No <input type="checkbox"/>	Signature	
	Date	

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Recognising that a significant proportion of patients with an exacerbation of asthma will get discharged directly from our emergency department or assessment areas without being admitted and prior to our assessment, we have provided an outpatient review to complete assessment within two working days.

Adult asthma - Good Practice Repository – case study

National Respiratory Audit Programme

asthma@rcp.ac.uk | 020 3075 1526 | www.rcp.ac.uk/nrap



Our processes to achieve good practice in KPI 6:

- Our electronic patient record has been programmed to generate a daily list of all admissions coded as an exacerbation of asthma.
- The list of patients is acquired by a respiratory specialist nurse, who will then review the patients within 24-hours of admission on clinical areas. We currently provide this service from 08:00 to 20:00 7-days a week.
- If a diagnosis of an asthma exacerbation is confirmed on review, the BTS asthma bundle is completed in its entirety and there is clear documentation in the clinical notes.
- The completed bundle is uploaded as an electronic clinical document onto our electronic patient record; this comes with several benefits, including ease of collecting information for audit purpose.
- We have a dedicated data auditor in the service who collates the data.

Recognising that a significant proportion of patients with an exacerbation of asthma will get discharged directly from our emergency department or assessment areas without being admitted and prior to our assessment, we have provided an outpatient review to complete assessment within two working days and have reported the utility of such a service.

[Care for patients attending emergency departments in England with an acute asthma exacerbation: can targeted interventions improve compliance with suggested British Thoracic Society standards?](#)