# The Royal College of Emergency Medicine

**Clinical Audits**

# Asthma (2016/17)
# Audit proforma

Data should be submitted at https://rcem.l2s2.com between 1 Aug 2016 – 31 Jan 2017

| Patient reference | |
|---|---|

## *Casemix*

| Q1 | Date of arrival | DD/MM/YYYY | |
|---|---|---|---|
| Q2 | Time of arrival or triage, whichever is earlier | HH:MM | |
| Q3 | Age of patient | 2-5 years | |
| | | 6-15 years | |
| | | 16 years or over | |

## *Initial ED observations*

| Q4 | Was oxygen **given** on arrival to maintain saturation 94-98% | Yes | |
|---|---|---|---|
| | | No | |
| | | Not recorded | |
| Q5 | Was oxygen **prescribed** on arrival to maintain saturation 94-98% | Yes | |
| | | No | |
| | | Not recorded | |
| Q6 | Was high dose nebulised β2 agonist bronchodilator given within 10 minutes of arrival at the ED? | Yes | |
| | | No | |
| | | Not recorded | |
| Q7 | If there was a poor response to nebulised $\beta_2$ agonist bronchodilator therapy, was nebulised Ipratropium Bromide added? | Yes | |
| | | No | |
| | | No – not needed | |
| | | Not recorded | |

| Q8 | Were the following vital signs measured and recorded? | | | |
|---|---|---|---|---|
| | | Yes | Time (leave blank if unknown) | No |
| Q8a | Respiratory rate | | HH:MM | |
| Q8b | Oxygen saturation | | HH:MM | |
| Q8c | Heart rate | | HH:MM | |
| Q8d | Systolic blood pressure | | HH:MM | |
| Q8e | GCS or AVPU score | | HH:MM | |
| Q8f | Temperature | | HH:MM | |
| Q8g | Capillary refill time | | HH:MM | |
| Q8h | Peak flow | | HH:MM | |

| Q9 | Were any of the recorded vital signs identified as abnormal? | Yes | |
|---|---|---|---|
| | | No | |
| | | Not recorded | |
| Q10 | Were the patient's asthma symptoms considered to be: | Moderate | |
| | | Acute severe | |

## Subsequent observations and treatment

| Q11 | If not already given before arriving at the ED, were steroids given as follows:<br><br>Adults 16 years and over<br>40-50mg prednisolone PO or 100mg hydrocortisone IV<br>Children 6-15years<br>30-40mg prednisolone PO or 4mg/kg hydrocortisone IV<br>Children 2-5 years<br>20mg prednisolone PO or 4mg/kg hydrocortisone IV<br><br>**Note: children receiving maintenance steroid tablets should receive 2mg/kg prednisolone up to a maximum dose of 60mg** | Yes – fully | |
| | | Yes – different dose | |
| | | Not given – reason given | |
| | | Not recorded | |
| | | Enter time given or leave blank if not recorded | HH:MM |

| Q12 | In adults, was Intravenous Magnesium 1.2 - 2g over 20 minutes given to patients with acute severe asthma who did not respond well to bronchodilators? | Yes – fully | |
| | | Yes – different dose | |
| | | No – reason given | |
| | | No – paediatric patient | |
| | | No | |
| | | Not recorded | |

| Q13 | Were the following vital signs measured and recorded on a repeat occasion? | | | |
|-----|------|-----|-------------------------------|-----|
| | | Yes | Time (leave blank if unknown) | No |
| Q13a | Respiratory rate | | HH:MM | |
| Q13b | Oxygen saturation | | HH:MM | |
| Q13c | Heart rate | | HH:MM | |
| Q13d | Systolic blood pressure | | HH:MM | |
| Q13e | GCS or AVPU score | | HH:MM | |
| Q13f | Temperature | | HH:MM | |
| Q13g | Capillary refill time | | HH:MM | |
| Q13h | Peak flow | | HH:MM | |

*Discharge*

| Q14 | Was the patient admitted or discharged? | Admitted | |
| | | Discharged | |
| | | Not recorded | |

*Only answers Q15-Q20 if the patient was **discharged***

| Q15 | In adults, is there evidence of consideration given to psychosocial factors prior to discharge? | Yes | |
| | | No – reason given | |
| | | No – paediatric patient | |
| | | No | |
| | | Not recorded | |
| Q16 | Was the patient's inhaler **TECHNIQUE** assessed and found to be satisfactory? | Yes | |
| | | Not assessed – reason given | |
| | | Not recorded | |
| Q17 | Was the patient's inhaler **TYPE** assessed and found to be satisfactory? | Yes | |
| | | Not assessed – reason given | |
| | | Not recorded | |
| Q18 | Was oral prednisolone prescribed as below?<br><br>*Adults 16 years and over*<br>*40-50mg prednisolone for 5 days*<br>*Children over 6-15 years*<br>*30-40mg prednisolone for 3 days*<br>*Children 2-5 years*<br>*20mg prednisolone for 3 days*<br><br>**Note: children receiving maintenance steroid tablets should receive 2mg/kg prednisolone up to a maximum dose of 60mg** | Yes – fully | |
| | | Yes – partially | |
| | | Not prescribed – reason given | |
| | | Not recorded | |
| Q19 | Was written discharge advice given to the patient? | Yes | |
| | | No – reason given | |
| | | No | |
| | | Not recorded | |
| Q20 | Was GP or clinic follow-up arranged according to local policy? | Yes - within 2 working days | |
| | | Yes - after 3 or more working days | |
| | | No – reason given | |
| | | No | |
| | | Not recorded | |

| Notes |
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