**Childhood Asthma Audit: © Dr Mark L Levy Ver 6: 11.3.2015**

**Please see Harrow Childhood Asthma Audit – Background and instructions for completion**

CCG/ Health Board       **Practice Code(UK):**       For non UK create a personal code (eg\_dialing code+name)

**Choose for this patient:**  **Baseline Audit (attacks during previous year) or**  **Prospective Audit**

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| **Patient initials:       Confidential Identifier:       Male: Female:**  **Age to nearest year** **Weight (Kg):       Height (cm):       BMI:** |
| **Attack Date:       /       /**  **Where treated : Practice**  **Hospital inpatient**  **WalkinCentre/UCC**  **A&E/ED**  **(Tick which apply)**  **Treated by(Tick which apply): Doctor**  **Nurse**  **Respiratory trained Nurse**  **Nurse Practtioner**  **Discharge date (if admitted):       /       /** |
| **Asthma treatment at the time of (ie just before) attack (From your records):**  Reliever Inhaer (Short acting)       dose       mcg frequency       device       Not Known  Preventer Inhaler       dose       mcg frequency       device       Not Known  Combination Inhaler       dose       mcg frequency       device       Not Known  (Preventer/Reliever)  Long acting Reliever drug : Salmeterol  Formoterol  Theophylline  Other  LTRA tablet: Yes  No  Not Known  Spacer : Yes  No  Not Known  **In the 12 months before attack:**  How many Short Acting reliever inhalers prescribed (salbutamol/terbutaline)?       / Not Known  How many Short Acting reliever inhalers bought OTC (salbutamol/terbutaline)?       /Not Known  How many preventer inhalers prescribed (named above)?       / Not Known  **Personal Asthma Action Plan:** Issued  Never Issued:Date Issued : **/       /**  Date last revised: **/       /** Not Known  **Was an asthma review done in the 12 months before the attack:** Yes  No  Not Known  **Date reviewed       /       /** Was current asthma symptom control assessed ?  Yes No  Not Known  **If Yes** How: ACT  ACQ  RCP 3Qs  GINA  Other  Not Known )  **If yes** - was his/her asthma :well controlled  Poorly controlled  Not Known  **inhaler technique checked?** Yes  If Yes (DateLastChecked: **/     /     )** No  Not Known  Was it poor  \*\* or good  ? If Poor -> Inhaler technique corrected  new inhaler Pxed  NoAction  **Is there a record of previous best peak flow?** Yes  No  Not Known  if yes: l/Min  **During the attack:**  **Any Risk Factors identified:** None identified Previous admission  Previous A&E  or (P)ICU  Previous Life threatening attack  Smoker  Passive smoker Obesity  Food Allergy  Poor Inhaler technique  Low FEV1  > 3 asthma drug types  Poor Control  Other  **Was Peak Flow measured?** Yes  No  Not Known  if yes l/Min Before treatment ; l/Min After treatment  **Was oxygen saturation measured**? Yes  No  Not Known  if yes % Before treatment ; % After treatment or not done after treatment  **Was Salbutamol Given?** Given but route not known  By Nebuliser  By Nebuliser with oxygen  Multiple puffs by Spacer  Multiple puffs by pMDI inhaler  Not Given  **Ipatropium bromide:** Yes  No  Not Known  **Was oxygen given ?**: Yes  No  Not Known  **Were Oral corticosteroids prescribed:** Yes  No  Not Known  **If yes: Prednisolone daily** dose       mg Not Known  Duration: 3 Days  5 Days  7 Days  until resolved  Not Known  How long did this attack take to resolve? Days (from treatment date) **leave blank if Not Known**  **Post attack review:** Not reviewed Date reviewed after attack **/       /**  **Reflection: …………………………………………………………………………..**  **Why do you think this person had the attack? Ie what brought this about?**   1. **A Trigger** Yes  No  Not Known   **If Yes was this due to: Pollen (tree/grass)**   **Exercise**    **Infection**   **Animal (cat,dog,horse)**  **Food**   **Other**   please detail   1. **Medication:** Not prescribed preventer  Excess Reliever  Betablocker  NSAID   other  - Please detail   1. **Non Adherence by patient/carer** 2. **Failure to recognise risk:** by health professional  or by patient or Carer   **Other** :  please detail:  What could have been done to prevent the attack? |