**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?  |