



**BTS Adult Respiratory Support  
Audit 2023  
Part 2 Organisational Audit  
One response per institution**

Data **must** be entered online at:  
<https://audits.brit-thoracic.org.uk/>  
Email queries to: [audittools@brit-thoracic.org.uk](mailto:audittools@brit-thoracic.org.uk)

<b>1.1 Do you have a designated area in your institution for providing Acute Respiratory Support (such as an RSU)?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>1.2 If no to 1.1, why do you not have an RSU? Please tick all that apply</b>	<input type="checkbox"/> RSU not required (patients not treated with NIV in ward areas and no demand to provide this) <input type="checkbox"/> RSU required: Previous business case failed <input type="checkbox"/> RSU required: Current business case in process <input type="checkbox"/> RSU required: Insufficient medical staff
<b>1.3 If yes to 1.1, what is this designated area called?</b>	
<b>1.4 If yes to 1.1, how many beds are included within this designated area?</b>	
<b>1.5 How many additional Respiratory ward beds do you have in your institution?</b>	
<b>1.6 If yes to 1.1, please indicate which categories of patients are routinely managed within your RSU (please tick all that apply)</b>	<input type="checkbox"/> Acute hypercapnic respiratory failure (acute NIV pathway) <input type="checkbox"/> Acute pneumonitis (e.g. COVID-19, influenza) (patients who are FOR escalation to ICU) <input type="checkbox"/> Acute pneumonitis (e.g. COVID-19, influenza) (patients who are NOT FOR escalation to ICU) <input type="checkbox"/> Acute severe asthma <input type="checkbox"/> Acute severe pneumonia <input type="checkbox"/> Acute pulmonary embolism <input type="checkbox"/> Complex pleural management (fluid or pneumothorax) <input type="checkbox"/> Acute exacerbation of Interstitial lung disease <input type="checkbox"/> Neuromuscular patients with secretion clearance issues (e.g. use of cough-assist) <input type="checkbox"/> Patients already treated with home NIV <input type="checkbox"/> Patients invasively ventilated via tracheostomy (for weaning from prolonged ventilation) <input type="checkbox"/> Patients invasively ventilated via tracheostomy (long-term ventilation at home admitted with acute pathology)
<b>1.7 If yes to 1.1, which methods of respiratory support do you provide in your RSU within your RSU (please tick all that apply )</b>	<input type="checkbox"/> NIV <input type="checkbox"/> CPAP <input type="checkbox"/> HFNO
<b>1.8 Do you have other designated NIV area(s) in your institution?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>1.9 If yes to 1.8, where are these areas located (tick all that apply)</b>	<input type="checkbox"/> Emergency department <input type="checkbox"/> Acute medical unit <input type="checkbox"/> Respiratory ward <input type="checkbox"/> High dependency unit <input type="checkbox"/> Critical care unit <input type="checkbox"/> Other (please specify):

<b>1.10 How many side-rooms are available for patients treated with respiratory support who require respiratory isolation?</b>	Give number as free-text
<b>1.11 Is the side-room in negative pressure relative to the corridor/lobby?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
<b>1.12 Do you have a clinical lead for the acute NIV service and/or RSU?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>1.13 If yes to 1.12, does the clinical lead have time allocated in their job plan to provide leadership for the NIV service/RSU?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>1.14 Do you have a nursing lead for the acute NIV service/RSU?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>1.15 Do you have a physiotherapy lead for the acute NIV service/RSU?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>1.16 What is your routine nurse to patient ratio for your RSU? *</b>  <b>*If you do not have a designated RSU/NIV unit then please provide the routine staffing ration for the area in which most acute NIV is delivered</b>	<input type="checkbox"/> 1:2  <input type="checkbox"/> 1:2-1:4 (including capacity to flex staffing to 1:2 for all patients until NIV requirements reduce to nocturnal use only)  <input type="checkbox"/> 1:4 – 1:8 (limited or no capacity to flex staffing to 1:2 on a routine basis)
<b>1.17 Number of vacancies within the team that provides respiratory support. Please indicate for each staff group</b>	Nursing staff: ..... Physiotherapy staff: ..... Medical staff: .....
<b>1.18 Does your organisation provide a training programme for staff who have responsibility to start or continue treatment with NIV?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>1.19 Is NIV included in induction training for rotating medical staff with responsibility to deliver NIV in your organisation?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>1.20 Is there ring-fenced capacity in your RSU to enable rapid transfer to the RSU when clinically indicated?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>1.21 Does your unit have 24/7 cover available from the same pool of consultants who deliver daytime work?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>1.22 Does each patient in your unit receive a review from a senior decision maker (ST3 equivalent or above) at least twice a day?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>1.23 Does your unit have a protocol for senior decision maker assessment within 30 minutes of patient admission or deterioration?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>1.24 Which of these services are available 7 days a week:</b>	<input type="checkbox"/> Physiotherapy <input type="checkbox"/> Pharmacy <input type="checkbox"/> Microbiology

	<input type="checkbox"/> Speech and language therapy <input type="checkbox"/> Dietetics <input type="checkbox"/> Specialist palliative care <input type="checkbox"/> Psychology
<b>1.25 Which of these services are available 5 days a week or more:</b>	<input type="checkbox"/> Physiotherapy <input type="checkbox"/> Pharmacy <input type="checkbox"/> Microbiology <input type="checkbox"/> Speech and language therapy <input type="checkbox"/> Dietetics <input type="checkbox"/> Specialist palliative care <input type="checkbox"/> Psychology
<b>1.26 Which of these types of monitoring are available at each bed space?</b>	<input type="checkbox"/> SpO2 <input type="checkbox"/> Intermittent BP <input type="checkbox"/> ECG <input type="checkbox"/> Not applicable <input type="checkbox"/> Other (please specify)
<b>1.27 Is the monitoring information displayed centrally on the RSU?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>1.28 Does your unit have immediate access to co-located blood gas monitoring?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>1.29 Does your unit have immediate access to an ultrasound machine?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>1.30 If yes to 1.29, for which procedures is access to ultrasound immediately available?</b>	<input type="checkbox"/> IV access <input type="checkbox"/> Pleural procedures <input type="checkbox"/> Other (please specify)
<b>1.31 Is local anaesthesia routinely used prior to arterial sampling in your RSU?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>1.32 What methods of blood gas sampling are used in your RSU? (tick all that apply)</b>	<input type="checkbox"/> Arterial (ABG) stabs <input type="checkbox"/> Via indwelling arterial lines <input type="checkbox"/> Capillary (often) <input type="checkbox"/> Capillary (occasional) <input type="checkbox"/> Venous (often) <input type="checkbox"/> Venous (occasional)
<b>1.33 Can you undertake continuous capnography on patients treated with NIV?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>1.34 What is the main acute NIV device used within your RSU now?</b>	freetext
<b>1.35 Did you use Philips V60 and V60+ ventilators at or before March 2022 (i.e. before safety alert NatPSA/2022/002/MHRA)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**1.36 If you are using Philips V60 / V60+ ventilators at present (i.e. after the March 2022 alert), please indicate which safety mitigation recommendations you meet. (Please tick any that apply)**

- Completed risk assessment via trust governance structures
- Increased nursing staffing to enable closer monitoring
- Reviewed patient positioning within ward to ensure improved/good visibility
- Ensured a back-up ventilator is immediately available at all times
- Established capnography monitoring for all patients ventilated on V60/V60+ ventilators
- Continuous oximetry monitoring for patients on acute NIV
- Other: \_\_\_\_\_
- Not aware of the alert
- Not applicable