BTS Adult CAP Audit 2018/19
Part 1 Dataset - one response per patient
England and Wales version

Enter data online at:
https://audits.brit-thoracic.org.uk/
Email queries to: audittools@brit-thoracic.org.uk

SCREENING: Include patients **aged >16** with a **primary discharge diagnosis** of pneumonia if **all** the following criteria apply:

- New infiltrates on CXR within 24hrs of admission
- Acute onset of symptoms and signs of LRTI
- **Not** transferred from another hospital
- **No** Hospital admissions within last ten days
- **Not** Immunocompromised
- **Not** treated for aspiration pneumonia

Details about excluded patients should be recorded on the separate screening datasheet

Section 1. Patient Information

1.1	**NHS number:**	1.11	**Please give the discharge codes, if known (please enter the full code e.g. J18.1)**
1.2	**Home Postcode:**	a	Primary diagnosis code:
1.3	**Sex:** □ Male □ Female □ Other	b	Secondary diagnosis code:
1.4	**Date of Birth:** DD/MM/YYYY	c	Other diagnosis code:
1.5	**Has a clinician reviewed the CXR image or CXR report to confirm diagnosis of pneumonia?** □ Yes □ No	d	Other diagnosis code:
1.6a	**Admission date*** DD/MM/YYYY	e	Other diagnosis code:
1.6b	**Admission time*** __:__	f	Other diagnosis code:
	** Please give the date and time of **presentation** at the hospital e.g. A&E booking time or time of arrival at unit/ward for direct admissions. Patients seen in A&E only should not be included*	1.12	**Presenting Symptoms (tick all that apply)** □ Cough – purulent (yellow/green) □ Cough – non-purulent (clear/white) □ Cough – dry □ Dyspnoea □ Wheeze □ Pleuritic pain □ Haemoptysis □ Fever □ Rigors □ Fall □ Fatigue □ Vomiting □ Diarrhoea □ Abdominal pain □ Other major presenting symptoms □ None of the above
1.7	**Source of admission:** □ Emergency Department □ GP referral □ Other □ No data / No data recorded	1.13	**Has the patient received antibiotics in the 7 days prior to admission?** □ Yes □ No □ Not known
1.8	**Was the patient admitted from residential care?** □ Yes – nursing home □ Yes – residential home □ No □ No data or Not recorded	1.14	**Smoking status:** □ Current □ Ex-smoker (at least 3 months) □ Never □ Not recorded
1.9	**Did the patient die while an inpatient?** □ Yes □ No □ No data *If No, please answer 1.10a, if Yes, please answer 1.10b*		
1.10a	**Discharge date:** DD/MM/YYYY		
1.10b	**Date of death:** DD/MM/YYYY		

Section 2. Admission

2.1	**Time of initial chest x-ray:** __:__	2.9	**Which elements of the CURB65 score were present at admission (whether or not CURB65 score was used):** New mental confusion: □ Yes □ No □ No data Urea > 7mmol/l: □ Yes □ No □ No data Resp rate >= 30/min: □ Yes □ No □ No data SBP < 90mmHg or DBP <= 60mmHg: □ Yes □ No □ No data
2.2	**Date of initial chest x-ray:** DD/MM/YYYY		
2.3	**Time of first antibiotic in hospital:** __:__		
2.4	**Date of first antibiotic in hospital:** DD/MM/YYYY		
2.5	**Was the chest x-ray taken and community acquired pneumonia confirmed within 4 hours of presentation to hospital?** □ Yes □ No □ No data	2.10	**Co-morbid illness (tick all that apply):** □ Congestive Cardiac Failure (CCF) □ Other chronic heart disease (exc. hypertension) □ CVA/TIA □ Liver disease □ Renal disease □ Active malignancy □ COPD □ Other chronic lung disease □ Diabetes □ Dementia □ Severe obesity (BMI >40) □ Other □ None of the above
2.6	**Was the chest x-ray obtained and reviewed BEFORE antibiotics were given in hospital?** □ Yes □ No □ No data		
2.7	**If Yes, please indicate the time interval between the chest x-ray and the first dose of antibiotics:** □ <2 hours □ 2-4 hours □ >4 hours □ No data / Not recorded	2.11	**On admission was oxygen saturation <94% on room air (or <88% if COPD patient)?** □ Yes □ No □ No data on room air □ Oxygen not assessed
2.8	**Was CURB 65 severity score recorded?** □ Yes □ No □ Not recorded	2.12	**Did the patient receive supplementary oxygen?** □ Yes □ No □ Not recorded

Section 3. Antibiotics

3.1 **Please indicate all initial antibiotics prescribed:**

□ Amoxicillin (oral)
□ Amoxicillin (intravenous)
□ Benzylpenicillin (intravenous)
□ Cephalosporin (oral)
□ Cephalosporin (intravenous)
□ Clarithromycin (oral)
□ Clarithromycin (intravenous)
□ Co-amoxiclav (oral)
□ Co-amoxiclav (intravenous)
□ Co-trimoxazole (oral)
□ Co-trimoxazole (intravenous)
□ Doxycycline (oral)
□ Erythromycin (oral)
□ Erythromycin (intravenous)
□ Gentamicin (intravenous)
□ Levofloxacin (oral)
□ Levofloxacin (intravenous)
□ Meropenem (intravenous)
□ Moxifloxacin (oral)
□ Moxifloxacin (intravenous)
□ Tazocin (intravenous)
□ No data / not recorded
□ No antibiotics prescribed
□ Other*, please specify:

**** For Ceftriaxone, Cefuroxime, Cefalexin etc. please use the Cephalosporin box with the appropriate use***

3.2 **Were initial antibiotics in line with local CAP Guidelines preferred recommendations?** □ Yes □ No □ No data

3.3 **What was the total uninterrupted duration of the first hospital course of intravenous antibiotics?** □ <24 hrs □ >24 hrs but <72 hrs □ >72 hrs □ None given □ not known

3.4 **From admission, what was the total intended duration of oral and IV antibiotics prescribed for this episode of CAP, including those to be taken following discharge?**
Please do not include subsequent courses of antibiotics given in hospital for another diagnosis. ……days

Section 4. Microbiology investigations

4.1 **Pneumococcal urinary antigen performed?**
□ Negative □ Positive
□ Not performed □ Not recorded

4.2 **Legionella urinary antigen performed?**
□ Negative □ Positive
□ Not performed □ Not recorded

4.3 **Respiratory viral testing performed?**
□ Negative □ Positive
□ Not performed □ Not recorded

4.4 **Sputum cultures performed within the first 72 hrs?**
□ No growth
□ Respiratory commensals only
□ Positive
□ Not performed □ Not recorded

4.5 **Blood cultures performed within the first 24 hrs?**
□ Performed – no growth
□ Performed – positive culture
□ Performed – probable contaminant
□ Not performed □ Not recorded

Section 5. Outcome

5.1a **Senior review - how many hours from admission?**
□ < 6 hours
□ Between 6 and 12 hours
□ Between 12 and 24 hours
□ > 24 hours
□ No data / not recorded

5.1b **Specialty of the consultant seeing the patient on the initial post-take ward round?**
□ Respiratory medicine
□ Care of the elderly medicine
□ Acute medicine
□ Other
□ No data / not recorded

5.2 **Did the patient receive critical care advice?**
□ Yes □ No □ No data or not recorded

5.3 **Was the patient admitted to critical care area?**
□ Yes □ No □ Not recorded

5.4 **Did the patient receive any of the following (tick all that apply):**
□ NIV
□ CPAP
□ IPPV
□ Inotropes
□ Nasal high flow oxygen
□ None of the above

5.5 **Was the patient readmitted within 30 days of discharge?**
□ Yes □ No □ No data or not recorded

5.6 **Did the patient die within 30 days of discharge after the index admission?**
□ Yes □ No □ No data or not recorded

Section 6. Discharge and Follow up (not applicable for patients who died during the admission)

6.1 **Were observations performed in the 24 hours prior to discharge?**
□ Yes □ No □ No data or not recorded

6.2 **If yes, what were the last patient observations prior to discharge:**
Temperature …….. (°C)
Heart rate …….. (beats per minute)
Respiratory rate …… (breaths per minute)
Systolic blood pressure …… (mmHg)
Diastolic blood pressure …… (mmHg)
Oxygen saturation …… (%)

6.3 **What follow up arrangements were made for the patient on discharge?**
□ Hospital physician led outpatient clinic
□ Hospital nurse led outpatient clinic
□ Chest x-ray only
□ GP follow up
□ No follow up arranged
□ Not recorded

6.4 **Was a follow up CXR arranged?**
□ Yes □ No □ No data