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		Section 1 Clinical	
1.1	Patient identifier		
	(Please do not enter NHS or hospital numbers)		
1.2	Sex	□ Male □ Female	
1.3	Admission date (DD/MM/YYYY)		
1.4	Admission time		
1.5	Discharge date (DD/MM/YYYY)		
1.6	Age (years)		
1.7	Respiratory diagnosis (select one)	 □ COPD □ Obesity/hypoventilation □ Chest wall/neuromuscular □ Cardiogenic pulmonary oedema □ No data / not recorded □ Other (please specify): 	
1.8	Performance status before exacerbation (select one)	 □ Unrestricted □ Strenuous activity limited □ Limited but self-caring □ Limited activity, limited self-care □ Confined to bed/chair, no self-care □ No data / not recorded 	
1.9	CXR consolidation	☐ Yes ☐ No data / not recorded ☐ No	
1.10	Previous acute NIV	☐ Yes ☐ No data / not recorded ☐ No	
1.11	Was O2 delivered to a target saturation	☐ Yes ☐ No data / not recorded	
1.12	range pre-hospital? Was O2 delivered to a target saturation	□ No □ Yes □ No data / not recorded	
1.12	range in the ED?	□ No	
1.13	If yes to 1.12, what target range was	□ 88-92% □ Other	
	documented in the ED?	□ 94-98% □ Not documented	
	Section 2 F	Physiological Assessment pre-NIV	
2.1	Date of first pre-NIV blood gas		
	measurement (typically on arrival to ED)		
2.2	Time of first pre-NIV blood gas		
2.2	measurement (typically on arrival to ED)		(0/)
2.3	Pulse oximetry value (SpO ₂) nearest time point to first blood gas		(%)
2.4	Oxygen delivery and flow rate	□ Venturi flow rate: □ Nasal cannula flow rate: □ Non-rebreathe bag flow rate: □ Other / Not known	(%) (L/min) (L/min)
2.5	Type of blood gas measurement	☐ Arterial ☐ Capillary ☐ Venous ☐ Not known	
2.6	First pre-NIV PaO₂ (kPa)	- Venous - Not known	
2.7	First pre-NIV PaCO₂ (kPa)		
2.8	Please indicate whether the you are	□ pH (Please stick to either pH or H+ thr	-
2.0	using pH or H+ values in this audit	□ H+ audit – questions 2.9, 2.17, 3.5, 5.	5)
2.9	First pre-NIV pH <u>OR</u> H+ measurement		
2.10	First pre-NIV HCO ₃		

2.11	Was another blood gas measurement obtained before starting NIV?	\Box Yes If yes, please go to question 2.12 \Box No If no, please go to question 2.18
2.12	Date of final pre-NIV blood gas	3 71 3 1
2.13	Time of final pre-NIV blood gas	
2.14	What type of blood gas measurement	□ Arterial □ Capillary
		□ Venous □ Not known
2.15	Final pre-NIV PaO₂ (kPa)	
2.16	Final pre-NIV PaCO₂ (kPa)	
2.17	Final pre-NIV pH <u>OR</u> H+ measurement	
2.18	Respiratory Rate pre-NIV	
	(nearest documented value pre-NIV)	□ unknown / not available
2.19	Heart rate pre-NIV	
2.20	(nearest documented value pre-NIV)	□ unknown / not available
2.20	Date of decision to start to NIV	
2.21	Time of decision to start NIV	
2.22	D. J. NIIV	□ time not documented
2.22	Date NIV commenced	
2.23	Time NIV commenced	
		☐ time not documented
		Physiological Assessment post-NIV
3.1	Was a blood gas measurement repeated	□ Yes If yes, please go to question 3.2
	after starting NIV?	□ No If no, please go to question 3.7
3.2	If yes to 3.1, when was the blood gas	□ 0-2 hours after starting NIV
	measurement obtained?	□ 2-4 hours after starting NIV
2.2	(select one)	☐ More than 4 hours after starting NIV
3.3	First post-NIV PaO₂ (kPa)	
3.4	First post-NIV PaCO ₂ (kPa)	
3.5	First post-NIV pH OR H+	
3.6	What type of blood gas measurement	□ Arterial □ Capillary
	What type of blood gas measurement (select one)	□ Arterial □ Capillary □ Venous □ Not known
3.6	What type of blood gas measurement	·
	What type of blood gas measurement (select one) Respiratory rate at 2 hours (nearest time	□ Venous □ Not known
3.7	What type of blood gas measurement (select one) Respiratory rate at 2 hours (nearest time point to 2 hours after starting NIV) Heart rate at 2 hours (nearest time point to 2 hours after starting NIV)	□ Venous □ Not known
3.7	What type of blood gas measurement (select one) Respiratory rate at 2 hours (nearest time point to 2 hours after starting NIV) Heart rate at 2 hours (nearest time point to 2 hours after starting NIV) What action was taken within 30	□ Venous □ Not known □ unknown / not available □ unknown / not available □ Review, NIV-trained healthcare professional
3.7	What type of blood gas measurement (select one) Respiratory rate at 2 hours (nearest time point to 2 hours after starting NIV) Heart rate at 2 hours (nearest time point to 2 hours after starting NIV) What action was taken within 30 minutes of this post-NIV blood gas	□ Venous □ Not known □ unknown / not available □ unknown / not available □ Review, NIV-trained healthcare professional □ Adjusted NIV settings
3.7	What type of blood gas measurement (select one) Respiratory rate at 2 hours (nearest time point to 2 hours after starting NIV) Heart rate at 2 hours (nearest time point to 2 hours after starting NIV) What action was taken within 30	□ Venous □ Not known □ unknown / not available □ unknown / not available □ Review, NIV-trained healthcare professional □ Adjusted NIV settings □ Adjusted FiO2
3.7	What type of blood gas measurement (select one) Respiratory rate at 2 hours (nearest time point to 2 hours after starting NIV) Heart rate at 2 hours (nearest time point to 2 hours after starting NIV) What action was taken within 30 minutes of this post-NIV blood gas	□ Venous □ Not known □ unknown / not available □ unknown / not available □ Review, NIV-trained healthcare professional □ Adjusted NIV settings □ Adjusted FiO2 □ No action (patient improved)
3.7 3.8 3.9	What type of blood gas measurement (select one) Respiratory rate at 2 hours (nearest time point to 2 hours after starting NIV) Heart rate at 2 hours (nearest time point to 2 hours after starting NIV) What action was taken within 30 minutes of this post-NIV blood gas result? (tick all that apply)	□ Venous □ Not known □ unknown / not available □ unknown / not available □ Review, NIV-trained healthcare professional □ Adjusted NIV settings □ Adjusted FiO2 □ No action (patient improved) □ No action / not documented
3.7	What type of blood gas measurement (select one) Respiratory rate at 2 hours (nearest time point to 2 hours after starting NIV) Heart rate at 2 hours (nearest time point to 2 hours after starting NIV) What action was taken within 30 minutes of this post-NIV blood gas result? (tick all that apply)	□ Venous □ Not known □ unknown / not available □ unknown / not available □ Review, NIV-trained healthcare professional □ Adjusted NIV settings □ Adjusted FiO2 □ No action (patient improved) □ No action / not documented □ Yes
3.7 3.8 3.9 3.10	What type of blood gas measurement (select one) Respiratory rate at 2 hours (nearest time point to 2 hours after starting NIV) Heart rate at 2 hours (nearest time point to 2 hours after starting NIV) What action was taken within 30 minutes of this post-NIV blood gas result? (tick all that apply) Was the patient reviewed by an NIV specialist?	□ Venous □ Not known □ unknown / not available □ unknown / not available □ Review, NIV-trained healthcare professional □ Adjusted NIV settings □ Adjusted FiO2 □ No action (patient improved) □ No action / not documented □ Yes □ No
3.7 3.8 3.9	What type of blood gas measurement (select one) Respiratory rate at 2 hours (nearest time point to 2 hours after starting NIV) Heart rate at 2 hours (nearest time point to 2 hours after starting NIV) What action was taken within 30 minutes of this post-NIV blood gas result? (tick all that apply) Was the patient reviewed by an NIV specialist? If yes to 3.10, when did the review	□ Venous □ Not known □ unknown / not available □ unknown / not available □ Review, NIV-trained healthcare professional □ Adjusted NIV settings □ Adjusted FiO2 □ No action (patient improved) □ No action / not documented □ Yes □ No □ 0-2 hours after starting NIV
3.7 3.8 3.9 3.10	What type of blood gas measurement (select one) Respiratory rate at 2 hours (nearest time point to 2 hours after starting NIV) Heart rate at 2 hours (nearest time point to 2 hours after starting NIV) What action was taken within 30 minutes of this post-NIV blood gas result? (tick all that apply) Was the patient reviewed by an NIV specialist?	□ Venous □ Not known □ unknown / not available □ unknown / not available □ Review, NIV-trained healthcare professional □ Adjusted NIV settings □ Adjusted FiO2 □ No action (patient improved) □ No action / not documented □ Yes □ No

	Section 4 Care Plan and Outcome		
4.1	Was an escalation plan documented?	□ Yes	
		□No	
		□ No data / not recorded	
4.2	If yes to 4.1, what plan was made?	□ Proceed to intubation	
	(select one)	□ NIV as ceiling to treatment	
		☐ Remove NIV if no benefit (i.e. palliative approach)	
		□ Other	
4.3	If yes to 4.1, was this documented	□ Yes	
	before NIV started?	□No	
	(select one)	□ No, but documented within 4 hours of NIV	
		□ No data / not recorded	
4.4	Is there evidence that the pt or a relative	☐ Yes ☐ No data / not recorded	
	was involved in decision making?	□ No	
4.5	Did the patient require ward transfer to	☐ Yes ☐ No data / not recorded	
	start NIV?	□ No	
4.6	Place where NIV was initiated:	☐ ICU ☐ Respiratory unit (dedicated NIV area)	
	(select one)	☐ HDU ☐ Respiratory ward (no dedicated NIV area)	
	,	□ MAU □ General Medical Ward	
		□ ED □ No data / not recorded □ Other	
4.7	Do you consider there was a delay in	□ Yes	
	starting NIV?	□ No	
		□ Do not know	
4.8	If yes to 4.7, was this delay due to:	☐ Failure to recognise need for NIV	
	(tick all that apply)	□ Lack of equipment	
		☐ Patient required transfer to another area	
		□ Lack of beds	
		□ Other (please specify):	
4.9	Was NIV continued in a different	□ Yes	
	location?	□No	
4.10	If yes to 4.9, where was NIV continued?	☐ ICU ☐ Respiratory unit (dedicated NIV area)	
	(tick all that apply)	☐ HDU ☐ Respiratory ward (no dedicated NIV area)	
		□ MAU □ General Medical Ward	
		□ ED □ No data / not recorded □ Other	
4.11	Date and time of transfer to place where	Date: Time:	
	NIV continued		
4.12	What ventilator mode was initially used?	□ Pressure support	
		☐ Pressure control (rate & inspiratory time set by operator)	
		☐ Other (please specify):	
4.13	IPAP achieved after 2hrs NIV	(range 0-30)	
4.14	EPAP achieved after 2hrs NIV	(range 0-15)	
4.15	Hrs of NIV within 24hrs of starting NIV	(range 0-24)	
4.16	Outcome of NIV:	☐ Success (clinical improvement, pH >7.35 before NIV episode	
		discontinued)	
		☐ Success (clinical improvement, no blood gas confirmation of	
		pH normalisation)	
		□ Failure, but proceeded to intubation	
		□ Failure, did not proceed to intubation	
		□ No data / not recorded	
4.17	If NIV failed, when was it discontinued?	☐ Within 6 hours of starting NIV	
		□ 6-24 hours	
		□ More than 24 hours □ No data / Not recorded	

If NV failed, was the patient referred to critical care (level 3) Ves, not transferred to for critical care (level 3) Ves, not transferred to not come than 24 hours after starting NIV Ves within 6-24 hours of starting NIV Ves within 6-2	4.40	If AID (C. T	V(1(1(1(1(1	
No, documented not for critical care No, no escalation documentation No	4.18	1 · · · · · · · · · · · · · · · · · · ·	<u> </u>	
No. no escalation documentation No. no escalation documentation Yes - within 6 hours of starting NIV Yes - please good to question 5.2 Yes - please go to question 5.2 Yes - please go to question 5.2 Yes - ye - please go to question 5.2		critical care?	<u> </u>	
4.20 Outcome of admission:				
Section Sect				
Section 5 Discharge drom hospital, was a blood gas measurement obtained prior to discharge? Do akt for ecorded	4.19	If NIV failed, was the patient intubated?		
4.20 Outcome of admission: 4.21 Dutcome of admission: 5.2 If death in hospital, was there a structured case review and/or M&M meeting discussion? 5.2 If discharged from hospital, was a blood gas measurement obtained prior to discharge PaO ₂ (kPa) 5.3 Pre-discharge PaO ₂ (kPa) 5.4 Pre-discharge PaCO ₃ (kPa) 5.7 If Obesity-hypoventilation was the diagnosis, what was the discharge plan? 6.8 If Obesity-hypoventilation was the diagnosis, what was the discharge plan? 6.9 If COPD was the diagnosis, was a blood gas measurement organised 2-4 weeks after discharge FiO ₂ 6.1 If Obesity-hypoventilation was the diagnosis, what was the discharge plan? 6.2 If Obesity-hypoventilation was the diagnosis, what was the discharge plan? 6.3 If Obesity-hypoventilation was the diagnosis, what was the discharge plan? 6.4 If Obesity-hypoventilation was the diagnosis, what was the discharge plan? 6.5 If Obesity-hypoventilation was the diagnosis, what was the discharge plan? 6.7 If Yes 6.8 If Obesity-hypoventilation was the diagnosis, what was the discharge plan? 6.9 If COPD was the diagnosis, was a blood gas measurement organised 2-4 weeks after discharge? 6.1 If Obesity-hypoventilation was the diagnosis, what was the discharge plan? 6.2 If Yes 6.3 No data / not recorded 6.4 No data / not recorded 6.5 No data / not recorded				
A.20 Outcome of admission: □ No data / Not recorded Discharged from hospital off NIV Dischargered to home ventilation centre or discharged with home NIV by treating centre Death (non-respiratory cause) Death (non-respiratory cause) Death (non-respiratory cause) Death (non-respiratory cause) No data / Not recorded Death (please specify): President of the please specify No data / Not recorded No No data / Not recorded No				
Discharged from hospital off NIV Transferred to home ventilation centre or discharged with home NIV by treating centre Death (respiratory cause) Death (non-respiratory cause) Death				
Transferred to home ventilation centre or discharged with home NIV by treating centre Death (respiratory cause) Death (respiratory cause) Death (non-respiratory cause) No data / Not recorded Death (respiratory cause) No discharge go to question 5.2 No If not, please go to question 5.2 No If not, please go to question 5.7 No Death (respiratory cause) Death (respiratory cause) No data / not recorded Death (respiratory cause)				
home NIV by treating centre □ Death (respiratory cause) □ Death (non-respiratory cause) □ Other (please specify): □ Ves □ No data / Not recorded □ Other (please specify): □ Yes □ No data / Not recorded □ Other (please specify): □ Yes □ No data / Not recorded □ Other (please specify): □ Yes □ No data / Not recorded □ Other (please specify): □ No data / Not recorded □ Other (please specify): □ No data / Not recorded □ Other (please specify): □ Yes □ No data / Not recorded □ Other (please specify): □ No data / Not recorded □ Other (please specify): □ No data / Not recorded □ Other (please specify): □ No data / Not recorded □ Other (please specify): □ No data / Not recorded □ Other (please specify): □ No data / Not recorded □ Other (please specify): □ No data / Not recorded □ Other (please specify): □ No data / Not recorded □ Other (please specify): □ No data / Not recorded □ Other (please specify): □ No data / Not recorded □ Other (please specify): □ No data / Not recorded or question 5.2 □ No data / Not recorded □ Other (please specify): □ No data / Not recorded □ Other (please specify): □ No data / Not recorded □ Other (please specify): □ No data / Not recorded □ Other (please specify): □ No data / Not recorded □ Other (please specify): □ No data / Not recorded □ Other (please specify): □ No data / Not recorded □ Other (please specify): □ No data / Not recorded □ Other (please struction of Not recorded □ Other (please struction of Not recorded □ No data / Not recorded □ N	4.20	Outcome of admission:	,	
Death (respiratory cause) Death (non-respiratory cause) Death (non-recorded of the patient is considered stable) Death (non-recorded of the			_	
Death (non-respiratory cause)			, -	
No data / Not recorded				
If death in hospital, was there a structured case review and/or M&M meeting discussion? Yes No data / Not recorded No No data / Not recorded Provided Pro				
4.21 If death in hospital, was there a structured case review and/or M&M meeting discussion? No data / Not recorded No data / Not recorded				
structured case review and/or M&M meeting discussion? Section 5 Discharge and Follow-Up 5.1 If discharged from hospital, was a blood gas measurement obtained prior to discharge? 5.2 FiO2 for pre-discharge blood gas measurement				
Mo data / Not recorded No data / Not recorded	4.21	1 · · · · · · · · · · · · · · · · · · ·		
Section 5 Discharge and Follow-Up		<u> </u>		
5.1 If discharged from hospital, was a blood gas measurement obtained prior to discharge? 5.2 FiO2 for pre-discharge blood gas measurement 5.3 Pre-discharge PaO2 (kPa) 5.4 Pre-discharge PaCO2 (kPa) 5.5 Pre-discharge PaCO2 (kPa) 5.6 Pre-discharge PdCO3 5.7 Respiratory follow-up arranged 5.8 If obesity-hypoventilation was the diagnosis, what was the discharge plan? 5.9 If COPD was the diagnosis, was a blood gas measurement organised 2-4 weeks after discharge? 5.10 If yes to 5.9, are these results available? 5.11 Post-discharge FiO2 5.12 Post-discharge PaO2 (kPa) 5.13 Post-discharge PaO2 (kPa) 5.14 Post-discharge PaO2 (kPa) 5.17 Post-discharge PaO2 (kPa) 5.18 Post-discharge PaO2 (kPa) 5.19 Post-discharge PaO2 (kPa)				
gas measurement obtained prior to discharge? No		-	-	
discharge? flor audit purposes, we would accept a measurement within 1 week of discharge if the patient is considered stable) On air Added oxygen:	5.1			
### week of discharge if the patient is considered stable Since FiO2 for pre-discharge blood gas measurement On air				
5.2 FiO ₂ for pre-discharge blood gas measurement Added oxygen:% ORL/min Added oxygen:% ORL/min No data /not recorded 5.3 Pre-discharge PaO ₂ (kPa) S.5 Pre-discharge PaCO ₂ (kPa) 5.5 Pre-discharge HCO ₃ Yes No No data / not recorded 5.8 Respiratory follow-up arranged Yes No No data / not recorded 5.8 If obesity-hypoventilation was the diagnosis, what was the discharge plan? Sleep study organised or referred to sleep service Discharged home on CPAP or NIV Respiratory follow up alone No data / not recorded 5.9 If COPD was the diagnosis, was a blood gas measurement organised 2-4 weeks after discharge? No No data / not recorded 5.10 If yes to 5.9, are these results available? Yes If yes, please complete questions 5.11-5.15 No No, referred to an external service 5.11 Post-discharge FiO ₂ On air Added oxygen:% ORL/min No data/ not recorded 5.12 Post-discharge PaO ₂ (kPa)		discharge?		
measurement				
No data /not recorded	5.2			
5.3 Pre-discharge PaO ₂ (kPa) 5.4 Pre-discharge PaCO ₂ (kPa) 5.5 Pre-discharge pH OR H+ 5.6 Pre-discharge HCO ₃ 5.7 Respiratory follow-up arranged		measurement	1	
5.4 Pre-discharge PaCO ₂ (kPa) 5.5 Pre-discharge pH OR H+ 5.6 Pre-discharge HCO ₃ 5.7 Respiratory follow-up arranged			□ No data /not recorded	
5.5 Pre-discharge pH OR H+ 5.6 Pre-discharge HCO3 5.7 Respiratory follow-up arranged 5.8 If obesity-hypoventilation was the diagnosis, what was the discharge plan? 5.9 If COPD was the diagnosis, was a blood gas measurement organised 2-4 weeks after discharge? 5.10 If yes to 5.9, are these results available? 5.11 Post-discharge FiO2 5.12 Post-discharge PaO2 (kPa) 5.5 Pre-discharge HCO3 Syes Sho No No data / not recorded Sleep study organised or referred to sleep service Discharged home on CPAP or NIV Respiratory follow up alone No data / not recorded Syes If yes, please complete questions 5.11-5.15 No No No, referred to an external service On air Added oxygen:% ORL/min No data/ not recorded	5.3	Pre-discharge PaO₂ (kPa)		
5.6 Pre-discharge HCO3 5.7 Respiratory follow-up arranged 5.8 If obesity-hypoventilation was the diagnosis, what was the discharge plan? 5.9 If COPD was the diagnosis, was a blood gas measurement organised 2-4 weeks after discharge? 5.10 If yes to 5.9, are these results available? 5.11 Post-discharge FiO2 5.12 Post-discharge PaO2 (kPa) 5.7 Respiratory follow up alone	5.4	Pre-discharge PaCO₂ (kPa)		
5.7 Respiratory follow-up arranged 5.8 If obesity-hypoventilation was the diagnosis, what was the discharge plan? 5.9 If COPD was the diagnosis, was a blood gas measurement organised 2-4 weeks after discharge? 5.10 If yes to 5.9, are these results available? 5.11 Post-discharge FiO ₂ On air Added oxygen:	5.5	Pre-discharge pH <u>OR</u> H+		
S.8 If obesity-hypoventilation was the diagnosis, what was the discharge plan? 5.9 If COPD was the diagnosis, was a blood gas measurement organised 2-4 weeks after discharge? 5.10 If yes to 5.9, are these results available? 5.11 Post-discharge FiO₂ 5.12 Post-discharge PaO₂ (kPa) □ No data / not recorded □ Yes If yes, please complete questions 5.11-5.15 □ No □ No, referred to an external service □ Discharged home on CPAP or NIV □ Respiratory follow up alone □ No data / not recorded □ Yes □ No □ No data / not recorded □ Yes If yes, please complete questions 5.11-5.15 □ No □ No, referred to an external service □ On air □ Added oxygen:% ORL/min □ No data/ not recorded □ S.12 Post-discharge PaO₂ (kPa)	5.6	Pre-discharge HCO₃		
No data / not recorded	5.7	Respiratory follow-up arranged	□ Yes	
Sleep study organised or referred to sleep service Discharged home on CPAP or NIV Respiratory follow up alone No data / not recorded Yes No No data / not recorded Yes If yes to 5.9, are these results available? Yes If yes, please complete questions 5.11-5.15 No, referred to an external service On air Added oxygen:			□No	
diagnosis, what was the discharge plan? Discharged home on CPAP or NIV Respiratory follow up alone No data / not recorded S.9 If COPD was the diagnosis, was a blood gas measurement organised 2-4 weeks after discharge? No No data / not recorded S.10 If yes to 5.9, are these results available? Post-discharge FiO ₂ On air Added oxygen:% ORL/min No data/ not recorded S.12 Post-discharge PaO ₂ (kPa) Post-discharge PaCO ₂ (kPa)			□ No data / not recorded	
□ Respiratory follow up alone □ No data / not recorded 5.9 If COPD was the diagnosis, was a blood gas measurement organised 2-4 weeks after discharge? □ No data / not recorded 5.10 If yes to 5.9, are these results available? □ Yes If yes, please complete questions 5.11-5.15 □ No □ No, referred to an external service 5.11 Post-discharge FiO₂ □ On air □ Added oxygen:% ORL/min □ No data / not recorded 5.12 Post-discharge PaO₂ (kPa) 5.13 Post-discharge PaCO₂ (kPa)	5.8	If obesity-hypoventilation was the	☐ Sleep study organised or referred to sleep service	
No data / not recorded		diagnosis, what was the discharge plan?	☐ Discharged home on CPAP or NIV	
S.9 If COPD was the diagnosis, was a blood gas measurement organised 2-4 weeks after discharge? No data / not recorded			☐ Respiratory follow up alone	
gas measurement organised 2-4 weeks after discharge? 5.10 If yes to 5.9, are these results available? No No No No, referred to an external service 5.11 Post-discharge FiO ₂ On air Added oxygen:% ORL/min No data/ not recorded 5.12 Post-discharge PaO ₂ (kPa) Fost-discharge PaCO ₂ (kPa)			□ No data / not recorded	
after discharge? If yes to 5.9, are these results available? No data / not recorded Yes If yes, please complete questions 5.11-5.15 No No, referred to an external service No data / not recorded No data / not recorded No data / not recorded Post-discharge FiO ₂ On air Added oxygen:% ORL/min No data / not recorded No data / not recorded Post-discharge PaO ₂ (kPa)	5.9	I -	□ Yes	
5.10 If yes to 5.9, are these results available? Yes			□No	
□ No □ No, referred to an external service 5.11 Post-discharge FiO₂ □ On air □ Added oxygen:% ORL/min □ No data/ not recorded 5.12 Post-discharge PaO₂ (kPa) 5.13 Post-discharge PaCO₂ (kPa)		-		
S.11 Post-discharge FiO₂ □ On air □ Added oxygen:% ORL/min □ No data/ not recorded 5.12 Post-discharge PaO₂ (kPa) 5.13 Post-discharge PaCO₂ (kPa)	5.10	If yes to 5.9, are these results available?		
5.11 Post-discharge FiO₂ □ On air □ Added oxygen:% ORL/min □ No data/ not recorded 5.12 Post-discharge PaO₂ (kPa) 5.13 Post-discharge PaCO₂ (kPa)				
□ Added oxygen:% ORL/min □ No data/ not recorded 5.12 Post-discharge PaO₂ (kPa) 5.13 Post-discharge PaCO₂ (kPa)				
□ No data/ not recorded 5.12 Post-discharge PaO₂ (kPa) 5.13 Post-discharge PaCO₂ (kPa)	5.11	Post-discharge FiO ₂		
5.12 Post-discharge PaO₂ (kPa) 5.13 Post-discharge PaCO₂ (kPa)			1	
5.13 Post-discharge PaCO ₂ (kPa)			□ No data/ not recorded	
5.14 Post-discharge pH or H+				
·	5.14	Post-discharge pH or H+		