RCPCH Allergy Care Pathways Project

Audit criteria

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RCPCH
Royal College of
Paediatrics and Child Health
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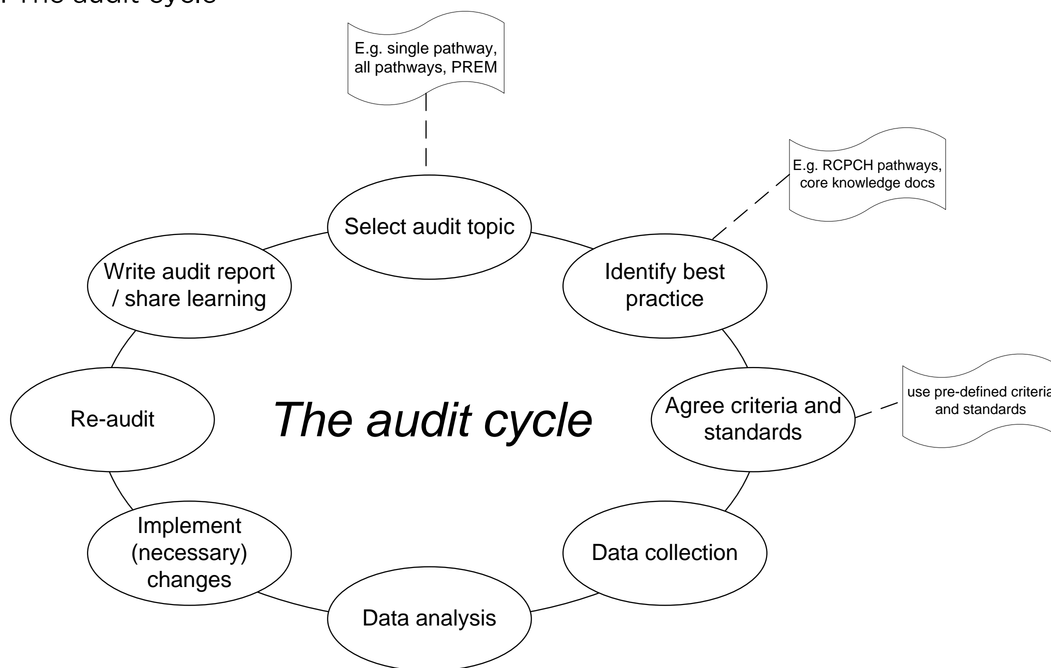
Clinical audit is defined as a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change. (1) A range of documents are available to help you conduct a clinical audit. These are developed by University Hospitals Bristol and can be found on www.ubht.nhs.uk/clinicalaudit.

A generic allergy focused patient reported experience measure (PREM) is available for download on the RCPCH website at www.rcpch.ac.uk/allergy. In May 2011 the RCPCH e-learning resource for conducting clinical audit will be available at www.rcpch.ac.uk/clinicalaudit.

The audit cycle includes the following stages

1. Audit topic
2. Identify best practice (e.g. guidelines)
3. Criteria & Standards
4. Data collection
5. Data analysis
6. Implement changes
7. Re audit

Figure 1: The audit cycle



Audit criteria are presented here as recommended by the RCPCH Allergy Care Pathways Project Board. There can be found on

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GENERAL ALLERGY CARE

Table 1: Audit criteria for general allergy care

Criterion G1	Percentage of children with allergic conditions given management plans
Exceptions	None
Settings	All
Standard	100%
Criterion G3	**Percentage of children with allergic conditions given avoidance advice**
Exceptions	None
Settings	All
Standard	100%

ANAPHYLAXIS

Table 2: Audit criteria for anaphylactic patients

Criterion A1	Percentage of children treated with an intramuscular adrenaline injection for an acute anaphylaxis reaction
Exceptions	None
Settings	All
Standard	100%
Definitions	Anaphylaxis is a severe, life-threatening, generalised or systemic hypersensitivity reaction which is likely when both of the following criteria are met: 1. Sudden onset and rapid progression of symptoms 2. Life-threatening airway and/or breathing and/or circulation problems Skin and/or mucosal changes (flushing, urticaria, angio-oedema) can also occur, but are absent in a significant proportion of cases.

Criterion A2	Percentage of children with an acute episode of anaphylaxis transferred to hospital
Exceptions	None
Settings	All
Standard	100%
Definitions	See A1.

Criterion A3	Percentage of children with an acute episode of anaphylaxis who are transferred to hospital are observed for a minimum of 4 hours
Exceptions	None
Settings	All
Standard	100%
Definitions	See A1.

Criterion A4	Percentage of children with an acute episode of anaphylaxis who are investigated with specific allergy tests
Exceptions	None
Settings	All
Standard	100%
Definitions	See A1.

Criterion A5	Percentage of children who carry an adrenaline injector who have been weighed for a review of their adrenaline dose
Exceptions	None
Settings	All
Standard	100%
Definitions	See A1.

Criterion A6	Percentage of children (and their families) at risk of anaphylaxis educated to use an adrenaline injector at every health care visit for their acute severe allergies
Exceptions	None
Settings	All
Standard	100%
Definition	A child at risk of anaphylaxis should be reviewed at least annually for their Ability to use their adrenaline injector.

Criterion A7	Percentage of children with anaphylaxis where the health professionals ensured that schools and early years settings are informed of how to deal with an acute event
Exceptions	None
Settings	All
Standard	100%
Definitions	See A1.

FOOD ALLERGY

Table 3: Audit criteria for food allergy patients

Criterion F1	Percentage of children with suspected food allergy undergoing an allergy test
Exceptions	None
Settings	All
Standard	100%
Definition	Allergy test refers to a skin prick test and/or a specific IgE test
Criterion F2	**Percentage of children for less than two years of age on avoidance diets measured at regularly for weight, height and head circumference**
Exceptions	None
Settings	All
Standard	100%
Definition	Nil
Criterion F3	**Percentage of children with food allergy on avoidance diets who are given the opportunity to see a dietitian**
Exceptions	None
Settings	All
Standard	100%
Definition	Nil

ASTHMA/RHINITIS

Table 4: Audit criteria for asthma and/or rhinitis patients

Criterion AR1	Percentage of children with asthma who had their inhaler technique checked at least annually
Guidance	RCPCH Allergy focused clinical history
Exceptions	None
Settings	All
Standard	100%
Criterion AR2	Percentage of children with an acute asthma A&E attendance seen by a GP within two working days
Exceptions	None.
Settings	All
Standard	100%
Criterion AR3	Percentage of children with an acute asthma A&E attendance or a hospital admission seen in an asthma or allergy clinic within 1 month of discharge
Exceptions	None
Settings	All
Standard	100%
Definition	A specialised asthma or allergy clinic should have the competence to deal with acute asthma. These competences are outlined in the RCPCH care pathway for asthma/rhinitis
Criterion AR4	Percentage of children with rhinitis who had their intranasal spray technique checked at least annually
Exceptions	None
Settings	All
Standard	100%
Criterion AR5	Percentage of children over the age of 6 with suspected asthma who have received objective tests for a definitive diagnosis
Exceptions	None
Settings	All
Standard	100%
Definition	Objective tests include peak flow monitoring, spirometry, response to treatment, peak flow response to treatment
Criterion AR5	Percentage of children with asthma who have had an assessment of asthma control using a standardised or validated questionnaire
Exceptions	None
Settings	All
Standard	100%
Definition	Nil
Criterion AR6	Percentage of children with poor asthma control, who have had their treatment adjusted.
Exceptions	None
Settings	All
Standard	100%
Definition	Nil

Criterion AR7	The percentage of patients with rhinitis who have received treatment with a non sedating antihistamine
Exceptions	None
Settings	All
Standard	100%
Definitions	Nil

ECZEMA

Some of the standards for eczema care have been taken or modified from the NICE atopic eczema audit support document (2): http://www.nice.org.uk/nicemedia/live/11901/39935/39935.doc, a checklist for conducting the audit against these terms has already been developed and can be found at p9-13 of the NICE eczema audit support document.

Table 5: Audit criteria for eczema patients

Criterion E1 Modified from NICE Criterion E2	**Percentage of children with eczema where impact on quality of life, (sleep and everyday activities) and psychosocial well being has been assessed and documented at each consultation for eczema in the past year**
Exceptions	None
Settings	All
Standard	100%
Definitions	The holistic assessment should grade the skin/physical severity as 'clear', 'mild'. 'moderate' or 'severe' and should grade the impact on the quality of life and psychosocial well-being as 'none', 'mild', 'moderate' or 'severe', in accordance with the definitions given in the NICE guideline at Table 1 in section 1.2
Criterion E2 Modified from NICE Criterion E2	**Percentage of children with eczema, for whom an assessment of physical severity (none, mild, moderate or severe), has been made at each consultation in the past year.**
Exceptions	None
Settings	All
Standard	100%
Definitions	The holistic assessment should grade the skin/physical severity as 'clear', 'mild'. 'moderate' or 'severe' and should grade the impact on the quality of life and psychosocial well-being as 'none', 'mild', 'moderate' or 'severe', in accordance with the definitions given in the NICE guideline at Table 1 in section 1.2
Criterion E3 Taken from NICE Criterion E3	**Percentage of children with atopic eczema for whom trigger factors have been considered and documented during clinical assessment.**
Exceptions	None
Settings	All
Standard	100%
Definitions	Trigger factors include irritants (for example soaps and detergents), skin infections, contact allergens, food allergens, inhalant allergens.

Criterion E4 Modified from NICE Criterion E6	Percentage of children with moderate or severe eczema, who are managed with topical therapies of appropriate potency according to NICE guidelines (stepped approach to management). ▪ Moderate or potent steroids ▪ Topical calcineurin inhibitors ▪ Bandages ▪ Phototherapy ▪ Systemic therapy
Exceptions	None
Settings	All
Standard	100%
Definitions	Nil
Criterion E5 Modified from NICE Criterion E7	Percentage of children with atopic eczema who are provided with a) a written management plan for their eczema b) the necessary treatments to manage flares according to the stepped management plan
Exceptions	None
Settings	All
Standard	100%
Definitions	Nil
Criterion E6 Modified from NICE Criterion E13	Percentage of children referred for specialist dermatological advice where management has not satisfactorily controlled the eczema, based on a subjective assessment by the child, parent or carer.
Exceptions	None
Settings	All
Standard	100%
Definitions	Nil
Criterion E7	Percentage of formula fed infants < 6months with moderate or severe eczema, not controlled by optimal treatment with emollients and mild topical steroids, who have been offered an extensively hydrolysed or amino acid formula for a 6-8 week trial period.
Exceptions	None
Settings	All
Standard	100%
Definitions	Nil
Criterion E8 Taken from NICE Criterion E10	Percentage of children with atopic eczema experiencing severe flares on the face or neck using moderate potency topical corticosteroids for longer than 5 days (see definition below).
Exceptions	None
Settings	All
Standard	0%
Definitions	The NICE guideline recommends that moderate potency topical corticosteroids are only used on the face and neck for a period of 3 - 5 days

CHRONIC URTICARIA

Table 6: Audit criteria for chronic urticaria patients

Criterion U1	The percentage of patients with chronic urticaria who have received treatment with a non sedating antihistamine
Exceptions	None
Settings	All
Standard	100%
Definitions	Nil

ANGIO-OEDEMA (WITHOUT WEALS)

Table 7: Audit criteria for angio-oedema (without weals) patients

Criterion AO1	The percentage children with angio-oedema (without weals) persisting for longer than 24 hours who are referred for further assessment
Exceptions	None
Settings	Primary care
Standard	100%
Definitions	Nil
Criterion AO2	The percentage of children with angio-oedema (without weals)) persisting for longer than 24 hours who are investigated for C1 inhibitor deficiency
Exceptions	None
Settings	Secondary care
Standard	100%
Definitions	
Criterion AO3	The percentage of children with hereditary angio-oedema provided with a comprehensive management package that includes: ▪ Personal management plan ▪ Advice about prophylaxis ▪ Family screening ▪ Supply of emergency first line treatment ▪ Liaison with schools and early years settings
Exceptions	None
Settings	Multi-disciplinary clinic
Standard	100%
Definitions	

MASTOCYTOSIS

Table 8: Audit criteria for mastocytosis patients

Criterion M1	The percentage of with suspected mastocytosis patients who have had their mast cell tryptase measured
Exceptions	None
Settings	All
Standard	100%
Definitions	Nil
Criterion M2	The percentage of children with hereditary angio-oedema provided with a comprehensive management package that includes: ▪ Advice regarding precipitating factors and high risk situations ▪ Information to patient and their family ▪ Liaison with schools and early years settings
Exceptions	None
Settings	All
Standard	100%
Definitions	Nil

DRUG ALLERGY

Table 9: Audit criteria for drug allergy patients

Criterion D1	Percentage of adverse events resulting from supervised drug provocation tests
Exceptions	None
Settings	All
Standard	100%
Definitions	
Criterion D2	**Percentage of children who report with a reaction to a drug who are investigated as drug allergic**
Exceptions	None
Settings	All
Standard	100%
Definitions	Appropriate investigations include: ▪ Clinical history ▪ Skin prick tests ▪ Intra-dermal test ▪ Provocation test Patient population who are investigate should include those patients with: ▪ Severe reactions ▪ Multiple reactions ▪ Patients who are susceptible to infection ▪ Reaction on multiple drugs

VENOM ALLERGY

Table 10: Audit criteria for venom allergy patients

Criterion V1	The percentage of patients with systemic venom reaction who have been referred for diagnostic testing
Exceptions	None
Settings	All
Standard	100%
Definitions	
Criterion V2	**The percentage of patients with a systemic venom reaction who have been prescribed an adrenaline injector**
Exceptions	None
Settings	All
Standard	100%
Definitions	
Criterion V3	**The percentage of patients with a severe, life threatening venom reaction who have been referred to a centre able to offer immunotherapy**
Exceptions	None
Settings	All
Standard	100%
Definitions	

LATEX ALLERGY

Table 11: Audit criteria for latex allergy patients

Criterion L1	Percentage of children with a latex allergy who have been referred to a specialist clinic for a definitive diagnosis
Exceptions	None
Settings	All
Standard	100%
Definitions	

REFERENCES

1. NICE, CIH. Principles for Best Practice in Clinical Audit Abingdon2002.
2. NICE. Audit support: Atopic eczema in children: National Institute for Health and Clinical Excellence2007.