A new report is calling for every nurse to recognise the signs of asthma deterioration to reduce the number of fatal attacks in the UK

National review of asthma deaths: implications

**In this article...**
- Outline of the results of the national review of asthma deaths
- Implications for nurses

The report of the National Review of Asthma Deaths (NRAD) confidential inquiry, Why Asthma Still Kills, is calling for an end to complacency around asthma care so that more is done to save lives (Royal College of Physicians, 2014).

Effective self-management and treatment compliance are key to achieving good symptom control in asthma. Nurses working with people with asthma are in a prime position to provide education for patients, families and caregivers, and to collaborate with other health professionals to ensure fast access to asthma medications.

**Review findings**
The NRAD inquiry is the first investigation of asthma deaths in the UK and the largest study worldwide: 276 cases were examined; 195 died of asthma; 27 did not have asthma; 46 died before they reached hospital; and there was insufficient data for 18. The study data period was from February 2012 to January 2013. Its primary aim was to understand the circumstances surrounding asthma deaths in the UK. The investigation found:
- 45% (n=87) of those who died from asthma did not have any medical help during their final asthma attack;
- 80% (n=8) of the children under 10, and 72% (n=13) of young people aged 10–19 died before they reached hospital;
- For 33% of people (n=65), there was no record that they had sought medical assistance and, for 11% (n=22), help was not given in time.

The review also found 10% of those who died did so within one month of discharge from hospital following treatment for asthma; at least 21% had attended an emergency department at least once in the previous year.

Over half of those who died were being treated for mild or moderate asthma at the time and experts suggest that the doctors and patients did not recognise how serious their asthma was.

**Improving care**
Patients and nurses need to be able to recognise the signs of deterioration in asthma and act quickly when faced with a potentially fatal asthma attack. Through improving education and training, nurses and doctors can be better equipped to treat asthma patients as well as support and educate them in self-management.

Every nurse in every healthcare setting needs to know about the signs of asthma deterioration. This places them in the best position to educate and equip patients with asthma with the tools to manage their condition and to know what to do and when.

**Implications for nurses**
This report raises a number of questions that nurses should consider:
- How can the UK learn from other countries where death rates are considerably lower and how can this learning take place?
- What structure exists to support the nursing management of asthma care, particularly when training is expensive and when nurses’ learning needs in the management of other long-term conditions are competing with those for respiratory care?
- What can nurses do to raise the profile of asthma care?
- How can we best share the examples of excellent asthma care that take place every day across the UK?

The Association of Respiratory Nurse Specialists will be working with nursing colleagues in other organisations and respiratory charities to ensure the recommendations from this report are taken on board and inform practice in the future.

However, the responsibility for achieving better care lies not only with respiratory organisations and specialist nurses but also with all nurses in every single healthcare setting at each point of contact. This includes nurses working in prison settings, school nurses doing routine checks, midwives in antenatal care and nurses working in emergency departments. All nurses are vital to leading and implementing all of the recommendations.

Rebecca Sherrington is chair of the Association of Respiratory Nurse Specialists

Reference