

## Printable Patient Audit sheet

Use this to record your patient cases before entering the data on the online tool.

1. Descriptive data		
1.1	Patient identifier	
1.2	Gender	<ul style="list-style-type: none"><li>• Male</li><li>• Female</li><li>• Other/patient prefers not to say</li></ul>
1.3	Ethnicity	<ul style="list-style-type: none"><li>• White<ul style="list-style-type: none"><li>○ British,</li><li>○ Irish</li><li>○ Traveller</li><li>○ Any other White background)</li></ul></li><li>• Asian/Asian British<ul style="list-style-type: none"><li>○ Bangladeshi</li><li>○ Chinese</li><li>○ Indian</li><li>○ Pakistani</li><li>○ Any other Asian background</li></ul></li><li>• Black/Black British<ul style="list-style-type: none"><li>○ African</li><li>○ Caribbean</li><li>○ any other Black background</li></ul></li><li>• Mixed/multiple ethnic backgrounds<ul style="list-style-type: none"><li>○ mixed - White and Black</li><li>○ mixed White and Asian</li><li>○ mixed any other background)</li></ul></li><li>• Other<ul style="list-style-type: none"><li>○ Arab</li><li>○ Other</li></ul></li><li>• prefer not to say</li></ul>
1.4	Year of birth	
1.5	Year of Parkinson's diagnosis	
1.6	Parkinson's Phase	<ul style="list-style-type: none"><li>• Diagnosis</li><li>• Maintenance</li><li>• Complex</li><li>• Palliative</li></ul>
1.7	Living Alone	<ul style="list-style-type: none"><li>• Yes</li><li>• No,</li><li>• No, at residential home</li><li>• No, at nursing home</li></ul>

1.8	Is there evidence of a documented Parkinson's and related medication reconciliation at each patient visit?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Patient on no medication</li> </ul>
<b>1. Specialist Review</b>		
2.1	Prior to the current appointment, has the patient been reviewed by a specialist within the last year? (can be doctor or nurse specialist)	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
2.2	Time since most recent medical review (by doctor or nurse specialist)	<ul style="list-style-type: none"> <li>• Less than 6 months</li> <li>• 6-12 months</li> <li>• More than 1 year</li> <li>• More than 2 years</li> <li>• Never</li> </ul>
<b>3. New / Recent Parkinson's medication</b>		
3.1	Is there documented evidence of a conversation with the patient/carer and/or provision of written information regarding potential adverse effects for any new medications?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Not applicable – patient not started on Parkinson's medication for the first time during the previous year</li> </ul>
<b>4. Specific adverse effect monitoring</b>		
4.1	Is this patient on Parkinson's medication?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
4.2	Evidence of enquiry re excessive daytime sleepiness	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
4.3	If excessive daytime sleepiness is documented as present and the patient is a driver, was the impact on driving discussed and advice given?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Not applicable – no excessive daytime sleepiness and/or not a driver</li> </ul>

4.4	Evidence patients taking dopaminergic drugs are monitored re: impulsive/compulsive behavior	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Not applicable - not on dopaminergic drugs</li> </ul>
4.5	Evidence patients taking dopamine agonists are monitored re: impulsive/compulsive behavior	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Not applicable - not on a dopamine agonist</li> </ul>
<b>3. Advance Care Planning</b>		
5.1	Is there evidence the patient/carer has been offered information about, or has set up a Lasting Power of Attorney?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
5.2	Are there markers of advanced disease e.g. dementia, increasing frailty, impaired swallowing, nursing home level of care required?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No - skip to Section 6</li> </ul>
5.3	Are there any documented discussions regarding end of life care issues/care plans within the last 12 months?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
<b>6. Parkinson's assessment and care planning process scores (complete from medical and Parkinson's nurse notes)</b>		
<b>Base domain answers on whether the problem/issue has been addressed at least once over the previous year (including current visit).</b>		
<b>Domain 1: Non-motor assessments during the previous year</b>		
6.1.1	Blood pressure documented lying (or sitting) and standing	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• No but, doesn't stand</li> </ul>
6.1.2	Evidence of enquiry/assessment re cognitive status	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>

6.1.3	Evidence of enquiry re hallucinations/psychosis	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
6.1.4	Evidence of enquiry re: mood - this should include both anxiety and depression	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
6.1.5	Evidence of enquiry re communication difficulties	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
6.1.6	Evidence of enquiry re problems with swallowing function	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
6.1.7	Evidence of screening for malnutrition (weight checked at least yearly)	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
6.1.8	Evidence of enquiry re problems with saliva	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
6.1.9	Evidence of enquiry re bowel function	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
6.1.10	Evidence of enquiry re bladder function	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
6.1.11	Evidence of enquiry re pain	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
6.1.12	Evidence of enquiry re sleep quality	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
<b>Domain 2: Motor and ADL assessment during the previous year</b>		
6.2.1	Evidence of enquiry re "On/Off" fluctuations	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• No, but not yet on treatment</li> <li>• No, but less than 3 years from starting medication</li> </ul>
6.2.2	Evidence of enquiry/assessment re problems with gait including freezing	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• No, but doesn't walk</li> </ul>
6.2.3	Evidence of enquiry re falls and balance	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• No, but assisted for transfers and doesn't walk</li> </ul>
6.2.4	Evidence fracture risk/osteoporosis considered	<ul style="list-style-type: none"> <li>• Yes</li> <li>• Not applicable</li> <li>• No</li> </ul>

6.2.5	Evidence of enquiry re problems with bed mobility (e.g. getting in/out of bed, moving/rolling from side to side once in bed)	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
6.2.6	Evidence of enquiry re problems with transfers (e.g. out of chair/off toilet/car)	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• No, but early/mild disease, active lifestyle</li> </ul>
6.2.7	Evidence of enquiry/assessment of tremor	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• No, but no tremor</li> </ul>
6.2.8	Evidence of enquiry re problems with dressing	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• No, but in care home</li> </ul>
6.2.9	Evidence of enquiry re problems with hygiene (e.g. washing/bathing/hair/nails)	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• No, but in nursing home</li> </ul>
6.2.10	Evidence of enquiry re difficulty eating and drinking (i.e. cutlery/managing drinks etc. not swallowing)	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• No, but PEG fed</li> </ul>
6.2.11	Evidence of enquiry re domestic activities (cooking/cleaning/shopping)	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• No, but in care home</li> </ul>
6.2.12	Evidence of enquiry re problems with function at work	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• No, but retired or doesn't work</li> </ul>
<b>Domain 3: Education and multi-disciplinary involvement during the previous year</b>		
6.3.1	Evidence of referral/input from Parkinson's nurse	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• No, but declined</li> </ul>
6.3.2	Evidence of physiotherapy referral/assessment/input	<ul style="list-style-type: none"> <li>• Yes, for therapy/assessment</li> <li>• No</li> <li>• No, but declined</li> <li>• No, but clear documentation no therapy need</li> <li>• No, but no achievable physiotherapy goals</li> </ul>

6.3.3	Evidence of occupational therapy referral/assessment/input	<ul style="list-style-type: none"> <li>• Yes, for therapy/assessment</li> <li>• No</li> <li>• No, but, declined</li> <li>• No, but clear documentation no therapy need</li> <li>• No, but no achievable occupational therapy goals</li> </ul>
6.3.4	Evidence of speech and language therapy referral/input for communication	<ul style="list-style-type: none"> <li>• Yes, for therapy/assessment</li> <li>• No</li> <li>• No, but declined</li> <li>• No, but clear documentation no therapy need</li> <li>• No, but no achievable SLT goals</li> </ul>
6.3.5	Evidence of speech and language therapy referral/input for swallowing	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• No, but declined</li> <li>• No, but swallow documented normal</li> <li>• No, but PEG fed or adequate care plan in place</li> </ul>
6.3.6	Evidence of social work referral/input	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• No, but declined</li> <li>• No, but documented as self funding and referred to other sources of support and information re care</li> <li>• No, but social work input not required, as social care needs are being met.</li> </ul>
6.3.7	Evidence that patient's and carer's entitlement to financial benefits has been considered and advice given	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• No, but independent in mobility and personal care</li> <li>• No, but previously addressed</li> </ul>
6.3.8	Evidence that patient and/or carer has been signposted to Parkinson's UK	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• No, but previously signposted</li> </ul>
6.3.9	Evidence of communication with carers about their entitlement to carer assessment and support services	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• No, but in care home</li> <li>• No, but patient not in complex or palliative stage</li> <li>• No, but, no carer</li> <li>• No, but previously addressed, or no new issues</li> </ul>