**Community Pharmacy NSAID GI safety audit 2018-19**

DATA COLLECTION FORM (complete 1 per patient) **Circle choices where necessary.**

Make sure you keep a local record of each patient entered in the audit to prevent duplication

The form has 2 pages: This is Page 1 of 2.

Patient number [ ] (Use sequential numbers for each patient ie 1-10+, not patient identifiable)

[ ] .1 Date:

[ ].1a Patient Age:

[ ]. 2 Gender: Male Female Not confirmed

[ ].3 Name of oral NSAID or COX2 inhibitor prescribed:

|  |  |  |  |
| --- | --- | --- | --- |
| Aceclofenac | Acemetacin | Celecoxib | Dexketoprofen |
| Diclofenac Potassium | Diclofenac Sodium | Etodolac | Etoricoxib |
| Flurbiprofen | Ibuprofen | Indometacin | Ketoprofen |
| Mefenamic Acid | Meloxicam | Nabumetone | Naproxen |
| Piroxicam | Sulindac | Tenoxicam | Tiaprofenic Acid |
| Other (please state): |  |  |

[ ]. 4 Total Daily Dose prescribed: mg

[ ]. 5 NSAID or COX2 inhibitor prescribed for more than 2 months?

Yes No Unknown

[ ]. 6 NSAID or COX2 inhibitor taken regularly i.e taking at least 3 days each week?

Yes No Unknown

[  ].7 Is the patient taking any other medicines (listed below) that might increase the risk of GI bleeding? Circle ALL that apply:

|  |  |  |
| --- | --- | --- |
| No | Anticoagulant | Antiplatelet (including aspirin) |
| Selective serotonin re-uptake inhibitor | Unknown | Other (please state): |

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[ ]. 8 . Is a proton pump inhibitor prescribed at licensed daily dose for NSAID prophylaxis?

|  |  |  |
| --- | --- | --- |
| Yes – Esomeprazole 20mg or more | Yes - Lansoprazole 15mg or more | Yes - Omeprazole 20mg or more |
| Yes - Pantoprazole 20mg or more | No |  |

[ ]. 9 Is any other gastro-protection prescribed?

|  |  |
| --- | --- |
| Yes – Proton pump inhibitor not listed above (in Question [ ].8) | Yes – H2 receptor antagonist |
| Yes - Misoprostol | No |

[ ]. 10 Was there any conversation with the patient to support understanding/decision making about their NSAID/COX2 medicine?

|  |  |  |
| --- | --- | --- |
| Yes – Conversation with the patient in the pharmacy | Yes – Conversation with the patient by telephone/remotely | Data not recorded (e.g. forgot, prescription not collected during audit period) |
| No - Patient’s representative attended pharmacy, patient not contacted | No – Medicine delivered by pharmacy, patient not contacted | No - Other |

[ ]. 11 Was the patient referred to the prescriber for a review about gastro-protection?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | No – Gastro-protection already prescribed | No - Referred for gastro-protection within the last 6 months | No – Other reason Please state: |

 [ ]. 12 Please add any other comments in the box below

**END**