

Lithium audit data collection table

Sheet \_\_\_ of \_\_\_

Dates of audit from: \_\_\_\_\_ to \_\_\_\_\_

| Lithium audit data collection table  |   |  |  |  |  |  |  |  |  | Sheet Total |            |            |            |            |            |            |            |            |       |       |       |  |
|--|---|--|--|--|--|--|--|--|--|-------------|------------|------------|------------|------------|------------|------------|------------|------------|-------|-------|-------|--|
| Patient initials:  |   |  |  |  |  |  |  |  |  | Pt          | Pt         | Pt         | Pt         | Pt         | Pt         | Pt         | Pt         | Pt         | Total | Total | Total |  |
| <i>(Y=Yes, N=No, DK=patient doesn't know. Please only select DK where the option is available, i.e. questions 2 to 5 if appropriate)</i> |   |  |  |  |  |  |  |  |  | Y/N         | Y/N        | Y/N        | Y/N        | Y/N        | Y/N        | Y/N        | Y/N        | Y/N        | Y     | N     | DK    |  |
| 1.   | Has the patient agreed to have a discussion about their lithium?<br><i>(Patients representative, if lack of capacity)</i>   |  |  |  |  |  |  |  |  |             |            |            |            |            |            |            |            |            |       |       |       |  |
| <b>Blood tests and measurements*</b>   |   |  |  |  |  |  |  |  |  | Y/N/<br>DK  | Y/N/<br>DK | Y/N/<br>DK | Y/N/<br>DK | Y/N/<br>DK | Y/N/<br>DK | Y/N/<br>DK | Y/N/<br>DK | Y/N/<br>DK |       |       |       |  |
| 2.   | Does the patient have a copy of their Lithium Record Book?<br><i>(If the patient states they have a Lithium Record Book at home answer 'yes' for this question)</i>                   |  |  |  |  |  |  |  |  |             |            |            |            |            |            |            |            |            |       |       |       |  |
| 3.   | Does the patient report that they have had their lithium level monitored in the last 3 or 6 months?<br><i>(As per NICE guidance<sup>1</sup>)</i>                                      |  |  |  |  |  |  |  |  |             |            |            |            |            |            |            |            |            |       |       |       |  |
| 4.   | Does the patient report that they have had all the appropriate blood tests in the last 6 months?<br><i>(Kidney and thyroid function and calcium levels)</i>                           |  |  |  |  |  |  |  |  |             |            |            |            |            |            |            |            |            |       |       |       |  |
| 5.   | Does the patient report that they have had their weight measured (by a health care professional in relation to their lithium) in the last 6 months?<br><i>(Body mass index (BMI))</i> |  |  |  |  |  |  |  |  |             |            |            |            |            |            |            |            |            |       |       |       |  |
| <b>Patient understanding**</b>   |   |  |  |  |  |  |  |  |  | Y/N         | Y/N        | Y/N        | Y/N        | Y/N        | Y/N        | Y/N        | Y/N        | Y/N        |       |       |       |  |
| 6.   | Can the patient describe the signs of lithium toxicity?<br><i>(e.g. upset stomach)</i>  |  |  |  |  |  |  |  |  |             |            |            |            |            |            |            |            |            |       |       |       |  |
| 7.   | Can the patient describe how to prevent lithium toxicity?<br><i>(e.g. adequate fluid intake especially if exercising heavily)</i>   |  |  |  |  |  |  |  |  |             |            |            |            |            |            |            |            |            |       |       |       |  |
| 8.   | Can the patient describe appropriate action to take if they miss one or more doses?   |  |  |  |  |  |  |  |  |             |            |            |            |            |            |            |            |            |       |       |       |  |
| 9a.  | Does the patient know how to maintain a healthy lifestyle in relation to:<br>Alcohol<br><i>(Advice on alcohol consumption is essential)</i>   |  |  |  |  |  |  |  |  |             |            |            |            |            |            |            |            |            |       |       |       |  |

\*Refer if answer is no and record in the 'Referral' section. \*\* Explain to the patient if the answer is 'No' and record in the 'Explanations given' section.

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|                         |  |            |            |            |            |            |            |            |            |  |  |  |  |
|-------------------------|--|------------|------------|------------|------------|------------|------------|------------|------------|--|--|--|--|
| 9b.                     | Diet<br><i>(Advice is essential with particular attention to hydration)</i>  |            |            |            |            |            |            |            |            |  |  |  |  |
| 9c                      | Exercise<br><i>(Advice is essential with particular attention to hydration)</i>  |            |            |            |            |            |            |            |            |  |  |  |  |
| 9d.                     | Smoking  |            |            |            |            |            |            |            |            |  |  |  |  |
| 10.                     | Is the patient aware that they should <b>not</b> take non-prescribed medicines, including herbal remedies or supplements, <b>without</b> first seeking advice from a pharmacist or doctor? |            |            |            |            |            |            |            |            |  |  |  |  |
| <b>Referrals</b>        |  | <b>Y/N</b> | <b>Y/N</b> | <b>Y/N</b> | <b>Y/N</b> | <b>Y/N</b> | <b>Y/N</b> | <b>Y/N</b> | <b>Y/N</b> |  |  |  |  |
| 11a.                    | Did you refer the patient to their GP or specialist?   |            |            |            |            |            |            |            |            |  |  |  |  |
| 11b.                    | If yes: which question(s) was the referral relating to?  |            |            |            |            |            |            |            |            |  |  |  |  |
| <b>Explanations</b>     |  | <b>Y/N</b> | <b>Y/N</b> | <b>Y/N</b> | <b>Y/N</b> | <b>Y/N</b> | <b>Y/N</b> | <b>Y/N</b> | <b>Y/N</b> |  |  |  |  |
| 13.                     | For any question where the patient has answered NO or DON'T KNOW was the appropriate advice provided?<br><i>(Appropriate advice must be provided in all cases as part of this audit)</i>   |            |            |            |            |            |            |            |            |  |  |  |  |
| <b>Pharmacy records</b> |  | <b>Y/N</b> | <b>Y/N</b> | <b>Y/N</b> | <b>Y/N</b> | <b>Y/N</b> | <b>Y/N</b> | <b>Y/N</b> | <b>Y/N</b> |  |  |  |  |
| 14.                     | Have the answers to questions 3, 4 and 5, been recorded on the PMR or appropriate patient record?  |            |            |            |            |            |            |            |            |  |  |  |  |

<sup>1</sup> <https://www.nice.org.uk/guidance/cg185/chapter/1-Recommendations#recognising-and-managing-bipolar-disorder-in-adults-in-primary-care-2>

\*Refer if answer is no and record in the 'Referral' section. \*\* Explain to the patient if the answer is 'No' and record in the 'Explanations given' section.