



Community Pharmacy NSAID GI safety audit 2019-20

DATA COLLECTION FORM - Use this form to collect data to enter onto PharmOutcomes (complete 1 per patient).

Circle choices where necessary

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

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

Patient name

Date of Birth
Enter as **dd-mmm-yyyy** (eg 23-Feb-1989)

Postcode

Address

Gender Male Female Not confirmed

Name of oral NSAID or COX2 inhibitor prescribed:

Aceclofenac	Acemetacin	Arcoxia	Arthrotec	Celecoxib
Dexibuprofen	Dexketoprofen	Diclofenac Potassium	Diclofenac Sodium	Etodolac
Etoricoxib	Flurbiprofen	Ibuprofen	Indometacin	Ketoprofen
Mefenamic Acid	Meloxicam	Nabumetone	Naproxen	Parecoxib
Piroxicam	Sulindac	Tenoxicam	Tolfenamic Acid	Tiaprofenic Acid
Tranexamic Acid				

Total Daily Dose prescribed: mg (Please confirm dose has been entered correctly and checked for clinical appropriateness):

NSAID or COX2 inhibitor prescribed for more than 2 months? Yes No Unknown

NSAID or COX2 inhibitor taken regularly i.e taking at least 3 days each week?
Yes No Unknown

Is the patient taking any other medicines (listed below) that might increase the risk of GI bleeding?

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



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Is the patient prescribed a proton pump inhibitor at a 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	

Is any other gastro-protection prescribed?

Yes – Proton pump inhibitor not listed above	Yes – H2 receptor antagonist
Yes - Misoprostol	No

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 – Representative attended pharmacy, patient contacted by telephone	Yes – Delivery patient contacted by telephone
Yes – Care home patient (patient, family representative or care home staff) contacted by telephone	Yes – Patient contacted via email	Yes – Patient contacted via Skype
No – Patient’s representative attended pharmacy, unable to contact patient	No – Delivery patient, unable to contact patient	No – Care home patient, unable to contact patient/family representative, care staff
No - Other	Data not recorded (e.g. forgot, prescription not collected during the audit period)	

Yes – The patient was referred on this occasion	Yes – The patient had already been referred within the last 6 months	No – Gastro-protection already prescribed	No – Patient already discussed with a prescriber and has made a decision not to take gastro-protection	No – Other reason Please state:
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Was the patient referred to the prescriber for a review of gastro-protection?

Please add any other comments in the box below (do not include any patient identifiable information)