

ABCD nationwide empagliflozin audit – Visit 1 data collection form



Date	/ / (dd/mm/yyyy)	Hospital Name	
Name of Clinician		Hospital Postcode	
Email		Centre I.D.	

NHS Number		White	<input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any Other White Background	Black or Black British	<input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other
Forename		Mixed	<input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White Asian <input type="checkbox"/> Any Other Mixed Background	Other Ethnic Groups Ethnic	<input type="checkbox"/> Chinese <input type="checkbox"/> Any Other Group <input type="checkbox"/> Not stated
Surname	(dd/mm/yyyy)	Asian or Asian British	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any Other Asian Background		
Date of Birth	/ /				
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>				

AFFIX PATIENT LABEL HERE

Height (metres)

Baseline medical history

Duration of diabetes in years Date of initiation of empagliflozin / / (dd/mm/yyyy)

Does the patient have a job that would be (or has been) affected by going on insulin (e.g professional driver)?
 Including type of licence if appropriate Licence types include: PCV (passenger carrying vehicles of category B (taxi/private hire drivers) or D (minibus) LGV (large goods vehicles) C1/C1E (lorries))

Not as far as I'm aware Yes
 If yes please give details including type of licence if appropriate

Has the patient had any urinary tract infections in the last year
 Not as far as I am aware Possibly Uncertain Yes How many in total? How many required treatment?
 How many required hospital admission? Comment

Has the patient had a genital infection (thrush) in the last year?
 Not as far as I am aware Possibly Uncertain Yes How many in total? How many required treatment?
 Comment

Does the patient have urinary incontinence?
 Not as far as I am aware Uncertain Yes

Does the patient have nocturia?
 Not as far as I am aware Uncertain Yes How many times?

Has this patient had bariatric surgery?
 No Yes Year of surgery

Current antidiabetic treatment before initiation of Empagliflozin (Jardiance®)

Please circle the drugs that the patient is on:

Metformin	<input type="checkbox"/> Metformin	Total dose including any in combined preparations	Total Dose <input type="text"/> mg/Day
Sulphonylurea	<input type="checkbox"/> Glimpiride <input type="checkbox"/> Glipizide <input type="checkbox"/> Chlorpropamide <input type="checkbox"/> Gliclazide	Total dose including any in combined preparations	Total Dose <input type="text"/> mg/Day
	<input type="checkbox"/> Gliclazide MR <input type="checkbox"/> Gliclazide SR <input type="checkbox"/> Tolbutamide <input type="checkbox"/> Glibenclamide		
Pioglitazone	<input type="checkbox"/> Pioglitazone	Total dose including any in combined preparations	Total Dose <input type="text"/> mg/Day
Meglitinides	<input type="checkbox"/> Nateglinide <input type="checkbox"/> Repaglinide	Total dose including any in combined preparations	Total Dose <input type="text"/> mg/Day
Alpha-glucosidase inhibitors	<input type="checkbox"/> Acarbose	Total dose including any in combined preparations	Total Dose <input type="text"/> mg/Day
GLP-1 receptor agonists	<input type="checkbox"/> Exenatide (Micrograms/day) <input type="checkbox"/> Liraglutide (Milligrams/day)	Total dose including any in combined preparations	Total Dose <input type="text"/> mcg/mg/Day/Week
	<input type="checkbox"/> Lixisenatide (Micrograms/day) <input type="checkbox"/> Exenatide QW (Milligrams/week)		
DPP4 inhibitors	<input type="checkbox"/> Sitagliptin <input type="checkbox"/> Vildagliptin <input type="checkbox"/> Saxagliptin <input type="checkbox"/> Linagliptin <input type="checkbox"/> Alogliptin	Total dose including any in combined preparations	Total Dose <input type="text"/> mg/Day
SGLT2 inhibitors	<input type="checkbox"/> Dapagliflozin <input type="checkbox"/> Canagliflozin	Total dose including any in combined preparations	Total Dose <input type="text"/> mg/Day

If switching to empagliflozin from another SGLT2 inhibitor please give reason.

Insulin – Rapid / Short Acting	<input type="checkbox"/> Insulin Lispro <input type="checkbox"/> Insulin Aspart <input type="checkbox"/> Insulin Glulisine	Total dose including any in combined preparations	Total Dose <input type="text"/> IU/Day
	<input type="checkbox"/> Highly purified Animal <input type="checkbox"/> Insulin Human Sequence <input type="checkbox"/> Other/Unsure		
Insulin – Long / Intermediate Acting	<input type="checkbox"/> Insulin Detemir <input type="checkbox"/> Insulin Glargine <input type="checkbox"/> Insulin zinc Suspension	Total dose including any in combined preparations	Total Dose <input type="text"/> IU/Day
	<input type="checkbox"/> Protamine zinc insulin <input type="checkbox"/> Isophane - Highly purified Animal		
	<input type="checkbox"/> Isophane - Insulin Human Sequence <input type="checkbox"/> Insulin Degludec <input type="checkbox"/> Other/Unsure		
Insulin – Biphasic	<input type="checkbox"/> Biphasic Insulin Lispro <input type="checkbox"/> Biphasic Insulin Aspart	Total dose including any in combined preparations	Total Dose <input type="text"/> IU/Day
	<input type="checkbox"/> Bishasic Isophane Insulin – Human		
	<input type="checkbox"/> Bishasic Isophane Insulin – Animal <input type="checkbox"/> Other/Unsure		

Other antidiabetic medications Or medications which could affect glycaemic control

Anit-obesity medication Orlistat (Xenical) Total Dose mg/Day

Test Results

Blood Pressure	SBP	<input type="text"/>	mmHg	Date of test	<input type="text"/>	<input type="text"/>	<input type="text"/>	Current Weight	<input type="text"/>	kg	Date of test	<input type="text"/>	<input type="text"/>	<input type="text"/>
	DBP	<input type="text"/>	mmHg		(dd/mm/yyyy)				(dd/mm/yyyy)					
HbA1c	Percentage	<input type="text"/>	%	Lipids	Triglyceride Value	<input type="text"/>	mmol/L	Date of test	<input type="text"/>	<input type="text"/>	<input type="text"/>			
	or mmol/mol	<input type="text"/>	mmol/mol		HDL Value	<input type="text"/>	mmol/L		(dd/mm/yyyy)					
	Date of test	<input type="text"/>	<input type="text"/>		<input type="text"/>	Total Cholesterol	<input type="text"/>		mmol/L					
Alanine Aminotransferase - ALT	<input type="text"/>	IU/L	Date of measure	<input type="text"/>	<input type="text"/>	<input type="text"/>	Serum Creatinine	<input type="text"/>	mmol/L	Date of measure	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Medication changes at Empagliflozin start

Starting dose of empagliflozin: 10mg 25mg

Diabetes medication not changed at empagliflozin start Diabetes medications changed at empagliflozin start

Record medication as it will be after empagliflozin start – circle the drugs concerned and give the doses.

Metformin	<input type="text"/> Metformin	Total dose including any in combined preparations	Total Dose	<input type="text"/>	mg/Day			
Sulphonylurea	<input type="text"/> Glimepiride	<input type="text"/> Glipizide	<input type="text"/> Chlorpropamide	<input type="text"/> Gliclazide	Total Dose	<input type="text"/>	mg/Day	
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Alpha-glucosidase inhibitors	<input type="text"/> Acarbose		Total Dose	<input type="text"/>	mg/Day			
GLP-1 receptor agonists	<input type="text"/> Exenatide (Micrograms/day)	<input type="text"/> Liraglutide (Milligrams/day)	Total Dose	<input type="text"/>	mcg/mg/Day/ Week			
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Insulin – Rapid / Short Acting	<input type="text"/> Insulin Lispro	<input type="text"/> Insulin Aspart	<input type="text"/> Insulin Glulisine	Total Dose	<input type="text"/>	IU/Day		
	<input type="text"/> Highly purified Animal	<input type="text"/> Insulin Human Sequence	<input type="text"/> Other/Unsure	Please Specify	<input type="text"/>			
Insulin – Long / Intermediate Acting	<input type="text"/> Insulin Detemir	<input type="text"/> Insulin Glargine	<input type="text"/> Insulin zinc Suspension	Total Dose	<input type="text"/>	IU/Day		
	<input type="text"/> Protamine zinc insulin	<input type="text"/> Isophane - Highly purified Animal		Please Specify	<input type="text"/>			
	<input type="text"/> Isophane - Insulin Human Sequence	<input type="text"/> Insulin Degludec	<input type="text"/> Other/Unsure					
Insulin – Biphasic	<input type="text"/> Biphasic Insulin Lispro	<input type="text"/> Biphasic Insulin Aspart	Total Dose	<input type="text"/>	IU/Day			
	<input type="text"/> Biphasic Isophane Insulin – Human		Please Specify	<input type="text"/>				
	<input type="text"/> Biphasic Isophane Insulin – Animal	<input type="text"/> Other/Unsure						
Other antidiabetic medications	Or medications which could affect glycaemic control <input type="text"/>							
Anit-obesity medication	<input type="text"/> Orlistat (Xenical)		Total Dose	<input type="text"/>	mg/Day			

Patient opinion of antidiabetic treatment 0 0.5 1 1.5 2 2.5 3 3.5 4 4.5 5 5.5 6

Any other patient comments?	Any other doctor/nurse comments?