

## 2025 UK Parkinson's Audit: Elderly care and Neurology – patient audit case 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>◦ Gypsy or Irish Traveller</li> <li>◦ Roma</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/Caribbean/African                             <ul style="list-style-type: none"> <li>◦ African</li> <li>◦ Caribbean</li> <li>◦ any other Black background</li> </ul> </li> <li>• Mixed/Multiple ethnic groups                             <ul style="list-style-type: none"> <li>◦ Asian and White</li> <li>◦ Black African and White</li> <li>◦ Black Caribbean and White</li> <li>◦ Any other Mixed/Multiple background</li> </ul> </li> <li>• Other ethnic group                             <ul style="list-style-type: none"> <li>◦ Arab</li> <li>◦ Any other ethnic group</li> </ul> </li> <li>• prefer not to say</li> </ul> |
| 1.4                 | Year of birth  |   |
| 1.5                 | Year of Parkinson's diagnosis<br><br>If 2023, 2024 or 2025 (newly or recently diagnosed), complete two additional questions at end of this document. |   |

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| 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>  |
| <b>2. Specialist Review</b>                   |  |   |
| 2.1   | How have consultations with this patient taken place in the last 12 months? (Tick all that apply)  | <ul style="list-style-type: none"> <li>• In person</li> <li>• Virtually - by video</li> <li>• Virtually - by telephone</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   | Is this patient a current driver?  | <ul style="list-style-type: none"> <li>• Yes - answer Qs 4.3 to 4.5</li> <li>• No - skip to Q4.6</li> </ul>   |
| 4.3   | Has this patient been given DVLA/insurance advice?   | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>   |
| 4.4   | Has this patient been asked about excessive daytime somnolence at the wheel?   | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>   |

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| 4.5  | Has safe driving advice been given and documented?   | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>   |
| 4.6  | Evidence patients taking dopaminergic drugs are monitored re: impulsive/compulsive behaviour   | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Not applicable - not on dopaminergic drugs</li> </ul> |
| <b>3. Access to research</b>                             |  |   |
| 5.1  | Is there evidence that the patient has been made aware of how they can participate in research should they wish to?  | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>   |
| <b>4. Power of Attorney</b>                              |  |   |
| 6.1  | 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>   |
| <b>7. Advance Care Planning</b>                          |  |   |
| 7.1  | Are there markers of advanced disease e.g. dementia, increasing frailty, impaired swallowing, cardio-respiratory disease, nursing home level of care required? | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No - skip to Section 8</li> </ul>                                   |
| 7.2  | 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>8. Parkinson's assessment</b>                         |  |   |
| <b>1. Non-motor assessments during the previous year</b> |  |   |
| 8.1.1  | 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>                      |
| 8.1.2  | Evidence of enquiry/assessment re cognitive status   | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>   |

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| 8.1.3   | Evidence of enquiry re hallucinations/psychosis                            | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>  |
| 8.1.4   | Evidence of enquiry re: low mood/depression                                | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>  |
| 8.1.5   | Evidence of enquiry re: anxiety  | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>  |
| 8.1.6   | Evidence of enquiry re communication difficulties                          | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>  |
| 8.1.7   | Evidence of enquiry re problems with swallowing function                   | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>  |
| 8.1.8   | Evidence of screening for malnutrition (weight documented at least yearly) | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>  |
| 8.1.9   | Evidence of enquiry re problems with saliva                                | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>  |
| 8.1.10  | Evidence of enquiry re bowel function                                      | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>  |
| 8.1.11  | Evidence of enquiry re bladder function                                    | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>  |
| 8.1.11  | Evidence of enquiry re Parkinson's-related pain                            | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>  |
| 8.1.12  | Evidence of enquiry re sleep quality                                       | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>  |
| <b>2: Motor and ADL assessment during the previous year</b> |  |  |
| 8.2.1   | Evidence of enquiry re balance and falls                                   | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• No, but assisted for transfers and doesn't walk</li> </ul> |
| 8.2.2   | Evidence fracture risk/osteoporosis considered                             | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>  |

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| 8.2.3   | Evidence of enquiry re problems with transfers (e.g. out of bed/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>   |
| 8.2.4   | Evidence of enquiry re problems with personal care (e.g. washing/bathing/dressing/hair/nails)           | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>   |
| 8.2.5   | Evidence of enquiry re difficulty eating and drinking (i.e. cutlery/managing rinks etc. not swallowing) | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• No, but PEG fed and takes nil by mouth</li> </ul>   |
| 8.2.6   | 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>   |
| 8.2.7   | 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>3: Integrated multi-disciplinary care during the previous year</b> |   |   |
| 8.3.1   | Evidence of referral/input from Parkinson's nurse   | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• No, but declined referral/input</li> </ul>  |
| 8.3.2   | 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 referral/input</li> <li>• No, but clear documentation no therapy need</li> <li>• No, but no achievable physiotherapy goals</li> <li>• No, but no service option</li> </ul>         |
| 8.3.3   | 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 referral/input</li> <li>• No, but clear documentation no therapy need</li> <li>• No, but no achievable occupational therapy goals</li> <li>• No, but no service option</li> </ul> |

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| 8.3.4 | Evidence of speech and language therapy referral/input for communication, swallowing and/or saliva issues | <ul style="list-style-type: none"> <li>• Yes, for therapy/assessment</li> <li>• No</li> <li>• No, but declined referral/input</li> <li>• No, but clear documentation no therapy need</li> <li>• No, but no achievable SLT goals</li> <li>• No, but no service option</li> </ul> |
| 8.3.5 | Evidence of mental health assessment/ referral/ input   | <ul style="list-style-type: none"> <li>• Yes, for therapy/assessment</li> <li>• No</li> <li>• No, but declined referral/input</li> <li>• No, but clear documentation no need</li> <li>• No, but no service option</li> </ul>  |
| 8.3.6 | Evidence of dietician assessment/ referral/ input   | <ul style="list-style-type: none"> <li>• Yes, for therapy/assessment</li> <li>• No</li> <li>• No, but declined referral/input</li> <li>• No, but clear documentation no need</li> <li>• No, but no service option</li> </ul>  |
| 8.3.7 | Evidence of social work referral/input  | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• No, but declined referral/input</li> <li>• No, but documented as self funding and referred to other sources of support and information re care</li> <li>• No, social care needs being met.</li> </ul>     |
| 8.3.8 | 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> <li>• No, but declined</li> </ul>  |

**Additional questions for patients diagnosed in 2023, 2024 or 2025:**

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|----|---|--|
| 1. | Is there written evidence that your newly / recently diagnosed patient has been given written information (eg the Parkinson's UK newly diagnosed pack) about their condition? | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>  |
| 2. | Is there evidence that your newly / recently diagnosed patient was referred to a PDNS or equivalent within 3 months of diagnosis?   | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• No, but declined referral</li> <li>• No PDNS/equivalent</li> </ul> |