2025 UK Parkinson's Audit: Pharmacy-patient audit case sheet

Use this to record your patient cases before entering the data on the online tool

1. Demographics			
1.1	Patient identifier		
1.2	Specialty ward	 Elderly care/frailty Neurology / neurosurgery Medicine (includes cardiology, respiratory, endocrine, general medicine, infectious diseases, dermatology, haematology) Gynaecology / obstetrics General surgery, urology and plastics Orthopaedics ITU Other (please specify) 	
1.3	Gender	MaleFemaleOther/patient prefers not to say	
1.4	(continues overleaf)	White O British O Irish O Gypsy or Irish Traveller O Roma O Any other White background Asian/Asian British O Bangladeshi O Chinese O Indian O Pakistani O Any other Asian background Black/Black British/Caribbean/African O African O Caribbean O any other Black background Mixed/Multiple ethnic groups O Asian and White O Black African and White O Black Caribbean and White O Any other Mixed/Multiple background Other ethnic group O Arab	

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		o Any other ethnic group
		prefer not to say
1.5	Year of birth	
1.6	Year of Parkinson's	
	diagnosis	
1.7	Living Alone	Yes
		• No
		No, at residential home
		No, at nursing home
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2. Parkin	son's medication	
2.1	How many days has this	
	patient been an	
	inpatient?	
2.2	Is this patient on	Yes
2.2	Parkinson's medication?	• No
	Parkinson's medication?	• NO
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2.3	Is there evidence that a	• Yes
	medicines reconciliation	• No
	of Parkinson's	
	medications was	
	carried out within 24	
	hours of admission?	
2.4	Is the patient or has the	• Yes
	patient been nil by	• No
	mouth?	
2.4a	If yes - was the nil by	Yes
	mouth SOP/guideline	 No - not followed
	followed?	 No nil by mouth SOP/guideline
2.5	How many doses of	
	Parkinson's medication	
	should this patient have	
	received in the past 14	
	days?	

2.6	Of these doses, in the past 14 days how many have been recorded as:	
2.6a	Given on time	
2.6	Given late	
2.6c	Given early	
2.6d	Missed	
2.7	Has the patient been prescribed any medication that should be avoided in people with Parkinson's?	YesNo
2.7a	If yes - which medication(s) which should be avoided were prescribed?	
3. Outcor	me of review	
3.1	What was the outcome of the pharmacist's review of this patient's medication? (tick all those that apply)	 No changes required Advice given/changes made regarding Parkinson's medication Advice given/changes made regarding inappropriate medication Advice sought from other health professional (please specify)