

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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Male • Female • Other/patient prefers not to say
1.4	Ethnicity	<ul style="list-style-type: none"> • White <ul style="list-style-type: none"> ○ British ○ Irish ○ Gypsy or Irish Traveller ○ Roma ○ Any other White background • Asian/Asian British <ul style="list-style-type: none"> ○ Bangladeshi ○ Chinese ○ Indian ○ Pakistani ○ Any other Asian background • Black/Black British/Caribbean/African <ul style="list-style-type: none"> ○ African ○ Caribbean ○ any other Black background • Mixed/Multiple ethnic groups <ul style="list-style-type: none"> ○ Asian and White ○ Black African and White ○ Black Caribbean and White ○ Any other Mixed/Multiple background • Other ethnic group <ul style="list-style-type: none"> ○ Arab

		<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> • Yes • No • No, at residential home • No, at nursing home
2. Parkinson's medication		
2.1	How many days has this patient been an inpatient?	
2.2	Is this patient on Parkinson's medication?	<ul style="list-style-type: none"> • Yes • No
2.3	Is there evidence that a medicines reconciliation of Parkinson's medications was carried out within 24 hours of admission?	<ul style="list-style-type: none"> • Yes • No
2.4	Is the patient or has the patient been nil by mouth?	<ul style="list-style-type: none"> • Yes • No
2.4a	If yes - was the nil by mouth SOP/guideline followed?	<ul style="list-style-type: none"> • Yes • No - not followed • No nil by mouth SOP/guideline
2.5	How many doses of Parkinson's medication should the patient have received during this admission (in the last 14 days if patient has been in hospital for more than 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?	<ul style="list-style-type: none"> • Yes • No
2.7a	If yes - which medication(s) which should be avoided were prescribed?	
3. Outcome of review		
3.1	What was the outcome of the pharmacist's review of this patient's medication? (tick all those that apply)	<ul style="list-style-type: none"> • 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)