

ABCD nationwide dapagliflozin audit – follow up visit data collection form



Date / / (dd/mm/yyyy) Name of Clinician

NHS Number **Has this patient had bariatric surgery?** No Yes Date / / (dd/mm/yyyy)

Forename **Patient still taking dapagliflozin?**

Surname Yes Temporarily Stopped Permanently Stopped Date / / (dd/mm/yyyy)

Date of Birth / / (dd/mm/yyyy) **Reason stopped:** (Tick all below that apply)

Gender Male Female Efficacy Patient Choice Urinary Tract Infection

AFFIX PATIENT LABEL HERE Genital Infection (thrush) Other:

Test Results

Blood Pressure SBP mmHg Date of test / / (dd/mm/yyyy) **Current Weight** kg Date of test / / (dd/mm/yyyy)

DBP mmHg

HbA1c Percentage % **Lipids** Triglyceride Value mmol/L Date of test / / (dd/mm/yyyy)

or mmol/mol mmol/mol HDL Value mmol/L

Date of test / / Total Cholesterol mmol/L

Alanine Aminotransferase - ALT IU/L Date of measure / / (dd/mm/yyyy) **Serum Creatinine** mmol/L Date of measure / / (dd/mm/yyyy)

Side Effects

Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard. Adverse events should also be reported to Bristol-Myers Squibb Pharmaceuticals Ltd. Medical Information on 0800 731 1736 or medical.information@bms.com.

Has the patient had any urinary tract infections since last visit

Not as far as I am aware Possibly Uncertain Yes

How many in total?

How many required treatment?

How many required hospital admission?

Do you think that the urinary tract infection(s) is/are related to dapagliflozin No Yes

Has the patient had a genital infection (thrush) since last visit?

Not as far as I am aware Possibly Uncertain Yes

How many in total?

How many required treatment?

Do you think that the genital infection(s) (thrush) is/are related to dapagliflozin No Yes

Does the patient have urinary incontinence?

Not as far as I am aware Uncertain Yes

Do you think that the urinary incontinence is made worse by dapagliflozin No Yes

Does the patient have nocturia?

Not as far as I am aware Uncertain Yes

How many times?

Do you think that the nocturia is made worse by dapagliflozin No Yes

Comment about urinary tract infections, genital infections, urinary incontinence, nocturia

Other possible side effects

Please specify

Was there hypoglycaemia No Yes Uncertain

Number of events since last visit (best estimate)

Minor Hypoglycaemia - Blood glucose <3.3 mmol/L, symptoms consistent with hypoglycaemia, transient, did not require special treatment, did not interfere with daily activities

Moderate hypoglycaemia - Blood glucose <3.3 mmol/L, symptoms consistent with hypoglycaemia, causing low level of inconvenience or possibly interfering with daily activities, easily treated.

Severe hypoglycaemia - required assistance of another person to treat hypoglycaemia (defined as patient could not have self treated – exclude cases where patient could have self-treated but a kind person helped).

Record current medication, before any changes made at this visit

Metformin **Total dose including any in combined preparations** Total Dose mg/Day

Sulphonylurea
 Total Dose mg/Day

Pioglitazone **Total dose including any in combined preparations** Total Dose mg/Day

Meglitinides Total Dose mg/Day

Alpha-glucosidase inhibitors Total Dose mg/Day

GLP-1 receptor agonists
 Total Dose mcg/mg/Day/Week

DPP4 inhibitors Total Dose mg/Day

SGLT2 inhibitors Total Dose mg/Day

Insulin - Rapid / Short Acting
 Total Dose IU/Day
 Please Specify

Insulin - Long / Intermediate Acting

 Total Dose IU/Day
 Please Specify

Insulin - Biphasic

 Total Dose IU/Day
 Please Specify

Other antidiabetic medications Or medications which could affect glycaemic control

Anit-obesity medication Total Dose 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?**

--	--