

ABCD nationwide empagliflozin 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 empagliflozin?**

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 Pregnancy

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

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 empagliflozin 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 empagliflozin 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 empagliflozin 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 empagliflozin 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).

Serious adverse events

Considering the test results and the side effects documented above please tick yes below if there has been a serious adverse event (i.e. Life threatening or fatal. Led to: hospitalisation or prolongation of hospitalisation; persistent or significant disability/incapacity; congenital anomaly/birth defect, or any event you judge to be serious). Please also tick yes below if the patient became pregnant whilst on empagliflozin.

No Yes Uncertain

Please give detail re any definite or possible serious adverse event

Adverse events occurring in the UK should also be reported to the yellow card scheme: www.mhra.gov.uk/yellowcard.

Record current medication, before any changes made at this visit

Current dose of empagliflozin: 10mg 25mg

Metformin	<input type="text" value="Metformin"/>	Total dose including any in combined preparations	Total Dose <input type="text"/> mg/Day
Sulphonylurea	<input type="text" value="Glimepiride"/> <input type="text" value="Glipizide"/> <input type="text" value="Chlorpropamide"/> <input type="text" value="Gliclazide"/> <input type="text" value="Gliclazide MR"/> <input type="text" value="Gliclazide SR"/> <input type="text" value="Tolbutamide"/> <input type="text" value="Glibenclamide"/>		Total Dose <input type="text"/> mg/Day
Pioglitazone	<input type="text" value="Pioglitazone"/>	Total dose including any in combined preparations	Total Dose <input type="text"/> mg/Day
Meglitinides	<input type="text" value="Nateglinide"/> <input type="text" value="Repaglinide"/>		Total Dose <input type="text"/> mg/Day
Alpha-glucosidase inhibitors	<input type="text" value="Acarbose"/>		Total Dose <input type="text"/> mg/Day
GLP-1 receptor agonists	<input type="text" value="Exenatide (Micrograms per day)"/> <input type="text" value="Liraglutide (Milligrams per day)"/> <input type="text" value="Lixisenatide (Micrograms per day)"/> <input type="text" value="Exenatide QW Mg/week"/>		Total Dose <input type="text"/> mcg/mg/Day/Week
DPP4 inhibitors	<input type="text" value="Sitagliptin"/> <input type="text" value="Vildagliptin"/> <input type="text" value="Saxagliptin"/> <input type="text" value="Linagliptin"/> <input type="text" value="Alogliptin"/>		Total Dose <input type="text"/> mg/Day
SGLT2 inhibitors	<input type="text" value="Dapagliflozin"/> <input type="text" value="Canagliflozin"/>		Total Dose <input type="text"/> mg/Day
Insulin – Rapid / Short Acting	<input type="text" value="Insulin Lispro"/> <input type="text" value="Insulin Aspart"/> <input type="text" value="Insulin Glulisine"/> <input type="text" value="Highly purified Animal"/> <input type="text" value="Insulin Human Sequence"/> <input type="text" value="Other/Unsure"/>		Total Dose <input type="text"/> IU/Day Please Specify <input type="text"/>
Insulin – Long / Intermediate Acting	<input type="text" value="Insulin Detemir"/> <input type="text" value="Insulin Glargine"/> <input type="text" value="Insulin zinc Suspension"/> <input type="text" value="Protamine zinc insulin"/> <input type="text" value="Isophane - Highly purified Animal"/> <input type="text" value="Isophane - Insulin Human Sequence"/> <input type="text" value="Insulin Degludec"/> <input type="text" value="Other/Unsure"/>		Total Dose <input type="text"/> IU/Day Please Specify <input type="text"/>
Insulin – Biphasic	<input type="text" value="Biphasic Insulin Lispro"/> <input type="text" value="Biphasic Insulin Aspart"/> <input type="text" value="Biphasic Isophane Insulin – Human"/> <input type="text" value="Biphasic Isophane Insulin – Animal"/> <input type="text" value="Other/Unsure"/>		Total Dose <input type="text"/> IU/Day Please Specify <input type="text"/>

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?