

ABCD nationwide degludec audit – first visit data collection form

Clinician

Centre

Patient Identification

AFFIX PATIENT LABEL HERE

OR
Please record patient name, gender and date of birth below

Patient name

Gender Male Female (circle one)

Date of birth / / (dd/mm/yyyy)

White	<input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any Other White Background
Mixed	<input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any Other Mixed Background
Asian or Asian British	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any Other Asian Background
Black or Black British	<input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any Other Black Background
Other Ethnic Groups	<input type="checkbox"/> Chinese <input type="checkbox"/> Any Other Ethnic Group <input type="checkbox"/> Not stated

Date of visit / / (dd/mm/yyyy) Age

Patient Characteristics

Duration of diabetes (in years) at this visit years

Type of diabetes Type 1 Type 2 Other (circle one) If other please specify:

HbA1c	please enter either <input type="text"/> %	or <input type="text"/> mmol/mol	Date of test <input type="text"/>
Date of blood test	<input type="text"/>		
Blood pressure SBP	<input type="text"/> mmHg	Blood pressure DBP	<input type="text"/> mmHg
		Date of test	<input type="text"/>
Triglyceride	<input type="text"/> mmol/L	Date of test	<input type="text"/>
		HDL	<input type="text"/> mmol/L
		Date of test	<input type="text"/>
Total cholesterol	<input type="text"/> mmol/L	Date of test	<input type="text"/>
		Serum creatinine	<input type="text"/> µmol/L
		Date of test	<input type="text"/>
Height	<input type="text"/> m	Current weight	<input type="text"/> kg
		Date of test	<input type="text"/>
		Alanine aminotransferase ALT	<input type="text"/> IU/L
		Date of test	<input type="text"/>

BMI will be auto-calculated when data is entered into online audit form

Rationale for starting degludec?

Problems with hypoglycaemia	<input type="radio"/> Yes <input type="radio"/> No (circle one)	Poor compliance, e.g. need flexible injection timing	<input type="radio"/> Yes <input type="radio"/> No (circle one)
Need more than 80 IU/day	<input type="radio"/> Yes <input type="radio"/> No (circle one)	Needs OD basal insulin	<input type="radio"/> Yes <input type="radio"/> No (circle one)
Considering going into a pump	<input type="radio"/> Yes <input type="radio"/> No (circle one)	To fit in with variably timed visit by third party to administer (e.g. district nurse, relative)	<input type="radio"/> Yes <input type="radio"/> No (circle one)
Intrasubject variability of glucoses with current basal insulin	<input type="radio"/> Yes <input type="radio"/> No (circle one)	If other please specify	<input type="text"/>

Current Medications

Patient already on insulin? Yes No (circle one)

If patient is already on insulin, please answer the next 3 questions

Injection site problems? Yes No (circle one) Details

At what level does the patient know they are going low? Not at all <3mmol/L 3mmol/L or greater (circle one)

Assessment of awareness of hypoglycaemia (Gold Score)
Does the patient know when hypos are commencing? 1 2 3 4 5 6 7 (circle one)

(1) Always Aware (7) Never Aware

Please circle the drugs that the patient is on				Total Dose
Biguanides	Drug name	<input type="text" value="Metformin"/>	Enter total dose including that in combination tablets	<input type="text"/> mg/day
Sulfonylureas	Drug name	<input type="text" value="Chlorpropamide"/> <input type="text" value="Glibenclamide"/> <input type="text" value="Gliclazide"/> <input type="text" value="Gliclazide MR"/> <input type="text" value="Gliclazide SR"/> <input type="text" value="Glimepiride"/> <input type="text" value="Glipizide"/>		<input type="text"/> mg/day
TZDs & TZDs with metformin	Drug name	<input type="text" value="Pioglitazone"/> <input type="text" value="Pioglitazone + metformin"/> <input type="text" value="Rosiglitazone"/> <input type="text" value="Rosiglitazone + metformin"/>	Enter only dose of TZD	<input type="text"/> mg/day
Meglitinides	Drug name	<input type="text" value="Nateglinide"/> <input type="text" value="Repaglinide"/>		<input type="text"/> mg/day
Alpha-glucosidase inhibitors	Drug name	<input type="text" value="Acarbose"/>		<input type="text"/> mg/day
GLP-1 agonist	Drug name	<input type="text" value="Exenatide"/> <input type="text" value="Liraglutide"/> <input type="text" value="Exenatide (once-weekly)"/> <input type="text" value="Exenatide qw"/> <input type="text" value="Lixisenatide"/>		<input type="text"/> mg/day
SGLT2 inhibitors	Drug name	<input type="text" value="Dapagliflozin"/> <input type="text" value="Canagliflozin"/> <input type="text" value="Empagliflozin"/>		<input type="text"/> mg/day
DPP-4 inhibitors and DPP-4 inhibitors with metformin	Drug name	<input type="text" value="Alogliptin"/> <input type="text" value="Alogliptin + metformin"/> <input type="text" value="Linagliptin"/> <input type="text" value="Linagliptin + metformin"/> <input type="text" value="Saxagliptin"/> <input type="text" value="Saxagliptin + metformin"/> <input type="text" value="Sitagliptin"/> <input type="text" value="Sitagliptin + metformin"/> <input type="text" value="Vildagliptin"/> <input type="text" value="Vildagliptin + metformin"/>	Enter only dose of DPP-4 inhibitor	<input type="text"/> mg/day
Insulin – rapid/short acting	Drug name	<input type="text" value="Insulin aspart"/> <input type="text" value="Insulin glulisine"/> <input type="text" value="Insulin lispro"/>		<input type="text"/> units/day
Insulin – long/intermediate acting	Drug name	<input type="text" value="Insulin detemir"/> <input type="text" value="Insulin glargine"/> <input type="text" value="Insulin zinc suspension"/>		<input type="text"/> units/day
Insulin – biphasic	Drug name	<input type="text" value="Biphasic insulin aspart"/> <input type="text" value="Biphasic insulin lispro"/> <input type="text" value="Biphasic isophane insulin"/>		<input type="text"/> units/day
Insulin – pump therapy	Drug name	<input type="text" value="Human soluble insulin"/> <input type="text" value="Insulin aspart"/> <input type="text" value="Insulin glulisine"/> <input type="text" value="Insulin lispro"/> <input type="text" value="Porcine soluble insulin"/> <input type="text" value="Other"/>		<input type="text"/> units/24hrs Basal insulin rate <input type="text"/> Bolus insulin amount <input type="text"/>
Other antidiabetic medications or medications which could affect glycaemic control	Drug name	<input type="text"/>		<input type="text"/> mg/day
Anti-obesity medication	Drug name	<input type="text" value="Orlistat"/> <input type="text" value="Sibutramine"/>		<input type="text"/> mg/day

Hypoglycaemia History

Please give best estimate. For example, if over the last 12 months a patient has had on average 2 mild hypos per week, then enter 104 as your best estimate of the number over the last 12 months.

	Number in last 12 months	Number in last 6 months	Number in last 3 months
Minor Self-treated (symptoms/glucose values not required)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Severe 3rd party intervention (defined as patient could not have self-treated. Excludes cases where a patient could have self-treated but a kind person helped)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nocturnal Either minor or severe, 00:00 to 06:00	<input type="text"/>	<input type="text"/>	<input type="text"/>

Severe Episodes

Episode Details		Episode Number				
		1	2	3	4	5
Blood Glucose value (mmol/L)		<input type="text"/>				
Symptoms (choose as many as apply)	Remembered by patient	<input type="text" value="Yes"/> <input type="text" value="No"/>				
	Reported by 3rd Party	<input type="text" value="Yes"/> <input type="text" value="No"/>				

continues overleaf

Confused	Yes	No								
Semi-conscious	Yes	No								
Unconscious	Yes	No								
Not known	Yes	No								

Treatment (choose as many as apply)	Family member/friend	Yes	No	Not known									
	Ambulance call out	Yes	No	Not known									
	Hospitalisation	Yes	No	Not known									
	Required oral glucose	Yes	No	Not known									
	Required IM glucagon	Yes	No	Not known									
	Required IV glucose	Yes	No	Not known									

Please use blank paper for additional severe episodes

Initiation of Degludec

Start dose units/day

Who will administer degludec? **Health professional** **Other** **Patient** **Relative** (circle one) If other please specify:

Proposed time of degludec administration: **Afternoon** **Evening/bedtime** **Lunchtime** **Morning** **Variable** (circle one) If variable please specify:

Date of initiation of degludec: / / (dd/mm/yyyy)

Change in other antidiabetic medication? **Yes** **No** (circle one)

(If you are discontinuing another long/ intermediate acting insulin, choose Yes)

If yes, please indicate change below

		New Dose	No Change	Change Dose	Added	Stopped/ Switched
Biguanides	Drug name <input type="text" value="Metformin"/> Enter total dose including that in combination tablets	<input type="text"/> mg/day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sulfonylureas	Drug name <input type="text" value="Chlorpropamide"/> <input type="text" value="Glibenclamide"/> <input type="text" value="Gliclazide"/> <input type="text" value="Gliclazide MR"/> <input type="text" value="Gliclazide SR"/> <input type="text" value="Glimepiride"/> <input type="text" value="Glipizide"/>	<input type="text"/> mg/day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TZDs & TZDs with metformin	Drug name <input type="text" value="Pioglitazone"/> <input type="text" value="Pioglitazone + metformin"/> <input type="text" value="Rosiglitazone"/> <input type="text" value="Rosiglitazone + metformin"/> Enter only dose of TZD	<input type="text"/> mg/day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meglitinides	Drug name <input type="text" value="Nateglinide"/> <input type="text" value="Repaglinide"/>	<input type="text"/> mg/day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alpha-glucosidase inhibitors	Drug name <input type="text" value="Acarbose"/>	<input type="text"/> mg/day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GLP-1 agonist	Drug name <input type="text" value="Exenatide"/> <input type="text" value="Liraglutide"/> <input type="text" value="Exenatide (once-weekly)"/> <input type="text" value="Exenatide qw"/> <input type="text" value="Lixisenatide"/>	<input type="text"/> mg/day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SGLT2 inhibitors	Drug name <input type="text" value="Dapagliflozin"/> <input type="text" value="Canagliflozin"/> <input type="text" value="Empagliflozin"/>	<input type="text"/> mg/day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DPP-4 inhibitors and DPP-4 inhibitors with metformin	Drug name <input type="text" value="Alogliptin"/> <input type="text" value="Alogliptin + metformin"/> <input type="text" value="Linagliptin"/> <input type="text" value="Linagliptin + metformin"/> <input type="text" value="Sitagliptin + metformin"/> <input type="text" value="Sitagliptin"/> <input type="text" value="Saxagliptin"/> <input type="text" value="Saxagliptin + metformin"/> <input type="text" value="Vildagliptin"/> <input type="text" value="Vildagliptin + metformin"/> Enter only dose of DPP-4 inhibitor	<input type="text"/> mg/day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Insulin – rapid/short acting	Drug name	Insulin aspart	Insulin glulisine	Insulin lispro	<input type="text"/> units/day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insulin – long/intermediate acting	Drug name	Insulin detemir	Insulin glargine	Insulin zinc suspension	<input type="text"/> units/day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insulin – biphasic	Drug name	Biphasic insulin aspart	Biphasic insulin lispro		<input type="text"/> units/day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Biphasic isophane insulin							
Insulin – pump therapy	Drug name	Human soluble insulin	Insulin aspart	Insulin glulisine	<input type="text"/> units/24hrs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Insulin lispro	Porcine soluble insulin	Other	<input type="text"/> units/24hrs				
Other antidiabetic medications or medications which could affect glycaemic control	Drug name	<input type="text"/>			<input type="text"/> mg/day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti-obesity medication	Drug name	Orlistat	Sibutramine		<input type="text"/> mg/day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>