ABCD nation	wide en	npagliflo	ozin aud	dit – follov	v up visit data	collection fo	orm			
Date	/	/		(dd/mm/yyyy)	Name of Clinician					ABCD
NHS Number					Has this patient l	had bariatric su	rgery?]No □	Yes Dat	.e / /
Forename					Patient still takin	g empagliflozi	ו?			(dd/mm/yyyy)
Surname					🗌 Yes 🗌 Tempo	orarily Stopped	Perm	anently S	topped Dat	/ /
Date of Birth	/	/		(dd/mm/yyyy)	Reason stopped:	(Tick all below t	hat apply)			(dd/mm/yyyy)
Gender	Male	Fen	male 🗌		Efficacy P	atient Choice	Urina	ry Tract lı	nfection 🗌 P	regnancy
AFFIX P	ATIENT	LABEL	HERE		🗌 Genital Infecti	on (thrush) O	ther:			
Test Results										
Blood Pressure	SBP DBP		mHg mHg	Date of test	t / / / (dd/mm/yyyy)	Current Wei	ght	kg	Date of test	t / / (dd/mm/yyyy)
HbA1c Percen	ntage	%		Lipids	Triglyceride Val	ue	mmol/L		Date of test	
	mol/mol		mol/mol		HDL Va		mmol/L			(dd/mm/yyyy)
Date o	f test	/ /			Total Choleste	erol	mmol/L			
Alanine Aminotra	Insferase	- ALT	IU/L Da	ate of measu	, ,	Serum Creatin	ine	mmol/L	Date of measur	
Side Effects					(dd/mm/yyyy)					(dd/mm/yyyy)
Side Effects										
Has the patient ha	ad any ur	rinary tract	t infection	ns since last v	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 \Box Yes \Box										
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 \Box Yes \Box										
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 $ m No$ \square Yes \square										
Comment about u	urinary tra	act infectio	ons, genit	al infections,	, urinary incontine	nce, nocturia				

Other possible side effects

Please specify

Was there hypoglycaemia 🛛	No 🗌 Yes 🔲 Uncertain	Number of events since last visit (best estimate)									
	d glucose <3.3 mmol/L, symptoms consistent with hypoglycaemia, transient, did not d not interfere with daily activities										
Image: Special treatment, during interfere with daily activities Image: Special treatment Image: S											
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.											
	ore any changes made at this visit										
Current dose of empagliflozin:	10mg 📙 25mg 📙										
Metformin	Metformin Total dose including any in combined preparations Total Dose	mg/Day									
Sulphonylurea	Glimepiride Glipizide Chlorpropamide Gliclazide Gliclazide MR Gliclazide SR Tolbutamide Glibenclamide Total Dose mg/L										
Pioglitazone	Pioglitazone Total dose including any in combined preparations Total Dose	mg/Day									
Meglitinides	Nateglinide Repaglinide Total Dose	mg/Day									
Alpha-glucosidase inhibitors	Acarbose Total Dose	mg/Day									
GLP-1 receptor agonists	Exenatide (Micrograms per day)Liraglutide (Milligrams per day)Total DoseLixisenatide (Micrograms per day)Exenatide QW Mg/weekTotal Dose	mcg/mg/Day/ Week									
DPP4 inhibitors	Sitagliptin Vildagliptin Saxagliptin Linagliptin Alogliptin Total Dose	mg/Day									
SGLT2 inhibitors	Dapagliflozin Total Dose	mg/Day									
Insulin – Rapid / Short Acting	Insulin Lispro Insulin Aspart Insulin Glulisine Total Dose Highly purified Animal Insulin Human Sequence Other/Unsure Please Specify	IU/Day									
Insulin – Long / Intermediate Acting	Insulin Detemir Insulin Glargine Insulin zinc Suspension Total Dose Protamine zinc insulin Isophane - Highly purified Animal Please Specify Isophane - Insulin Human Sequence Insulin Degludec Other/Unsure	IU/Day									
Insulin – Biphasic	Biphasic Insulin Lispro Biphasic Insulin Aspart Total Dose Bishasic Isophane Insulin – Human Please Specify Bishasic Isophane Insulin – Animal Other/Unsure	IU/Day									
Other antidiabetic medications	Or medications which could affect glycaemic control										
Anit-obesity medication	Orlistat (Xenical) Total Dose										
Patient opinion of antidiabetic t		mg/Day 6									
Any other patient comments?	Any other doctor/nurse comments?										
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		91216MF5466									
		2160									
		191									

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