

Phenobarbital audit data collection table									
Patient initials:								Sheet Total	
(Y=Yes, N=No)								Pt Y/N	Pt Y/N
1.	Has the patient agreed to have a discussion about their phenobarbital? <i>(Patients representative, if lack of capacity)</i>								
Dispensing*									
2.	Was the same manufacturer's product of phenobarbital dispensed?								
Patient understanding**									
3.	Does the patient report they have had any recent change in seizure frequency?								
4.	Can the patient describe appropriate action to take if they miss one or more doses?								
5a.	Does the patient know the importance of safe alcohol consumption while taking phenobarbital? <i>(advice on alcohol consumption is essential)</i>								
5b.	Does the patient know how to maintain a healthy lifestyle in relation to: Diet								
5c.	Exercise								
5d.	Smoking								
6.	Is the patient aware that they should not take non-prescribed medicines, including herbal remedies or supplements, without first seeking advice from a pharmacist or doctor?								
Referrals									
7a.	Did you refer the patient to their GP or specialist? <i>(patients should be referred if they have any recent change in seizure frequency)</i>								
7b.	If yes: which question(s) was the referral relating to?								
Explanations									
8.	For any question where the patient has answered NO was the appropriate advice provided? <i>(Appropriate advice must be provided in all cases as part of this audit)</i>								
Pharmacy records									
9.	Has the manufacturer's product of phenobarbital the patient should be dispensed been recorded on the PMR or appropriate patient record?								

*Refer if answer is no and record in the 'Referral' section ** Explain to the patient if the answer is 'No' and record in 'Explanations given' section