

**Methotrexate audit data collection table**

<b>Patient initials</b>										<b>Sheet Total</b>			
<i>(Y=Yes, N=No, DK=patient doesn't know. Please only select DK where the option is available, i.e. questions 2 and 3 if appropriate)</i>										<b>Total Y</b>	<b>Total N</b>	<b>Total DK</b>	
		<b>Pt Y/N</b>	<b>Pt Y/N</b>	<b>Pt Y/N</b>	<b>Pt Y/N</b>	<b>Pt Y/N</b>	<b>Pt Y/N</b>	<b>Pt Y/N</b>	<b>Pt Y/N</b>	<b>Pt Y/N</b>			
1.	Has the patient agreed to have a discussion about their methotrexate? <i>(Patients representative, if lack of capacity)</i>												
<b>Blood tests*</b>		<b>Y/N/DK</b>	<b>Y/N/DK</b>	<b>Y/N/DK</b>	<b>Y/N/DK</b>	<b>Y/N/DK</b>	<b>Y/N/DK</b>	<b>Y/N/DK</b>	<b>Y/N/DK</b>	<b>Y/N/DK</b>			
2.	Does the patient have a copy of the hand-held methotrexate information booklet or local equivalent? <i>(If the patient states they have an information booklet at home answer 'yes' for this question)</i>												
3.	Does the patient report they have had blood tests in the last 3 months? <i>(Full Blood Count, kidney &amp; liver function tests in an appropriate timeframe as per <a href="#">NICE guidance</a><sup>2</sup>)</i>												
<b>Patient understanding**</b>		<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>			
4.	Does the patient know it is essential to take methotrexate once weekly as a single dose? <i>(Note: there are very rare exceptions to this)</i>												
5.	Can the patient describe appropriate action to take if they miss one or more doses?												
6.	Does the patient know to report immediately the onset of any features of blood disorders, liver toxicity and respiratory effects? <i>(Blood disorders; e.g. sore throat, bruising, and mouth ulcers, liver toxicity; e.g. nausea, vomiting, abdominal discomfort and dark urine, respiratory effects; e.g. shortness of breath, stomatitis)</i>												

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

Methotrexate audit data collection form

7a.	Does the patient know how to maintain a healthy lifestyle in relation to: Alcohol <i>(Advice on alcohol consumption is essential)</i>											
7b.	Diet											
7c.	Exercise											
7d.	Smoking											
8.	Does the patient know they should <b>not</b> take non-prescribed medicines including herbal remedies or supplements <b>without</b> first seeking advice from a pharmacist or doctor?											
<b>Referrals</b>		<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>			
9a.	Did you refer the patient to their GP or specialist?											
9b.	If yes: which questions did the referral relate to?											
<b>Explanations and further information</b>		<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>			
10.	For any question where the patient has answered NO or DON'T KNOW was the appropriate advice provided? <i>(Appropriate advice must be provided in all cases as part of this audit)</i>											
<b>Pharmacy Records</b>		<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>			
11.	Have the answers to questions 3 been recorded on the PMR, or appropriate form/patient records?											

<sup>1</sup> <https://cks.nice.org.uk/dmards#!scenario:10>

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