

Amiodarone audit data collection table										Sheet Total		
Patient initials: <i>(Y=Yes, N=No, DK=patient doesn't know. Please only select DK where the option is available, i.e. questions 2 to 5 if appropriate)</i>										Total	Total	Total
										Y	N	DK
1.	Has the patient agreed to have a discussion about their amiodarone? <i>(Patients representative, if lack of capacity)</i>											
Tests and doses *												
										Y/N/ DK	Y/N/ DK	Y/N/ DK
2.	Does the patient report that they have had blood tests in the last 6 months? <i>(Thyroid function tests (TFTs), liver function tests, serum electrolyte, urea measurement)</i>											
3.	Does the patient report that they have had an electrocardiogram (ECG) in the last 12 months?											
4.	Is the patient prescribed a dose which is 200mg (or less) daily? (if Yes, record answer and go to question 6)											
5.	If the patient is prescribed a dose more than 200mg daily, then it should be reviewed frequently. Has this been recorded as having been queried with the prescriber?											
Patient understanding **												
										Y/N	Y/N	Y/N
6.	Can the patient describe the reason, dose and frequency for taking amiodarone?											
7.	Can the patient describe appropriate action to take if they miss one or more doses?											
8a.	Can the patient describe symptoms that may indicate side-effects? <i>(Phototoxicity, vision & cough / new progressive SOB)</i>											
8b.	Can the patient describe appropriate actions that they would take if they noticed any changes in vision? <i>(Contact their GP for an appointment)</i>											
8c.	Can the patient describe appropriate actions to reduce the risk of phototoxic reactions?											
8d.	Can the patient describe appropriate actions that they would take if they developed a cough or, new or progressive shortness of breath? <i>(E.g. seek advice from their pharmacist, see their GP or go to A&E depending on severity)</i>											

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9a.	Does the patient know how to maintain a healthy lifestyle in relation to: Alcohol <i>(Advice on alcohol consumption is essential)</i>												
9b.	Diet												
9c.	Exercise												
9d.	Smoking												
10.	Does the patient know they should not take non-prescribed medicines including herbal remedies or supplements without first seeking advice from a pharmacist or doctor?												
Referrals		Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N				
11a.	Did you refer the patient to their GP or specialist?												
11b.	If yes: which question(s) was the referral relating to?												
Explanations													
12.	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>												
Pharmacy records													
13.	Have the answers to questions 2, 3, and 5 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 the 'Explanations given' section.