

National Audit of Dementia Audit of Casenotes 2023 PART ONE –PATIENTS ADMITTED DURING IDENTIFICATION PERIOD

Thank you for participating in the National Audit of Dementia.

For this audit you will be submitting casenote audit data via the new platform CaseCapture on Netsolving. The [guidance documents](#) outline how to find your sample, navigate the data collection tool and submit data for the audit. If you have any queries please contact nad@rcpsych.ac.uk.

This is Part One of the casenote audit. For this part of the audit you will prospectively identify all patients with dementia (or probable dementia wherever possible) who are admitted to your hospital over the 4 week period 29 January-25 February 2024 and record demographic and admission details. You may move on to Part Two for patients who will form part of your selected sample for full audit. NB deadline for both Part One AND Part Two data entry is 11 April 2024.

Entering the data: You can save and return to each record entered.

PART 1: DEMOGRAPHICS & ADMISSION Total sample

1.1 What is the audit number allocated for this patient (e.g. NAD1, NAD2 etc)

1.2 Has the patient been in hospital for 24 hours or longer?

This includes the date of admission. If the patient has NOT been in hospital for 24 hours or longer, they are not eligible for audit. NB you may count this from the point of “decision to admit”.

- Yes
- No

1.3 Age at admission

To calculate age using date of birth, you can use this website:
<http://www.mathcats.com/explore/age/calculator.html>

1.4 Sex

- Male
- Female
- Unknown/Not documented

1.5 Gender:

- Male
- Female
- Non-binary/Other
- Unknown/Not documented

1.6 Ethnicity:

- Asian or Asian British (Includes any Asian background, e.g. Bangladeshi, Chinese, Indian, Pakistani)
- Black African, Black British or Caribbean (Includes any Black background)
- Mixed or multiple ethnic groups (includes any mixed background)
- White (includes any White background)
- Other (includes any other ethnic background, e.g. Arab)
- Unknown/Not documented

1.7 First Language:

- English
- Other European Language
- Unknown/Not Documented
- Welsh
- Any Asian Language
- Other

1.8 Date of admission:

Dd/mm/yyyy

1.9 Reason for admission (primary diagnosis OR cause of admission?)

- Cancer
- Cardiac/vascular/chest pain
- Dehydration/nutrition
- Delirium/confusion/ cognitive impairment
- Dementia
- Endocrine/metabolic condition
- Fall
- Gastrointestinal
- Haematology related
- Hepatology/liver related
- Hip fracture/dislocation
- Other Fracture/dislocation
- Impaired consciousness/reduced responsiveness/drowsiness or dizziness
- Neurological problem/seizure/head injury/headache
- Psychiatric/psychological/behavioural problems
- Respiratory
- Sepsis
- Skin problems/lacerations/lesions
- Stroke or related
- Surgical/non-surgical procedure
- Urinary/urogenital/renal
- Unable to cope/frailty
- Other – please specify
- Unknown/not documented

(1.9a) Other details**1.10 Please say whether this is an emergency or elective admission:**

- Emergency
- Elective

1.11 Was delirium noted as part of the admitting condition?

- Yes
- No

1.12 Dementia status:

- Known dementia
- "Probable" dementia/ Concerns about cognition

1.12.1 (if known) What is the subtype of dementia?

- Alzheimer's Disease (F00, G30)
- Dementia in Alzheimer's disease, atypical or mixed type (F00.2)
- Vascular Dementia (F01)
- Dementia with Lewy bodies (G31.9)
- Fronto-temporal Dementia (G31.8)
- Dementia in Parkinson's disease (F02.3)
- Delirium due to known psychological condition, including delirium superimposed on dementia
- Unspecified dementia (F03)
- Dementia subtype unknown/not documented

1.13 Place in which the person was living or receiving care before admission

- | | |
|---|--|
| <input type="radio"/> Own home | <input type="radio"/> Respite care |
| <input type="radio"/> Rehabilitation ward | <input type="radio"/> Psychiatric ward |
| <input type="radio"/> Carer's home | <input type="radio"/> Intermediate/community rehabilitation care |
| <input type="radio"/> Residential care | <input type="radio"/> Nursing home |
| <input type="radio"/> Palliative care | <input type="radio"/> Transfer to another hospital |
| <input type="radio"/> Long stay care | |

1.14 On the date of submission, what ward/unit is the person admitted to?

(if already discharged, in which ward did they spend the longest period of their admission?)

- | | |
|--|--|
| <input type="radio"/> Admissions Unit (AMU/ MAU etc) | <input type="radio"/> Obstetrics/gynaecology |
| <input type="radio"/> Care of the elderly | <input type="radio"/> Oncology |
| <input type="radio"/> Cardiac | <input type="radio"/> Orthopaedics |
| <input type="radio"/> Critical care | <input type="radio"/> Stroke |
| <input type="radio"/> General medical | <input type="radio"/> Surgical |
| <input type="radio"/> Nephrology | <input type="radio"/> Other medical |
| | <input type="radio"/> Other |

a. (If other) please specify

1.15 Are you including this patient in the full (part 2) casenote audit?

Yes/No

1.15.1 Are you sure? (check reminder question)

Yes/No

END OF PART ONE