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 14 August-10 September 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 13 November 2023.

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".

o   Yes
o   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
o   Male   o   Female
o   Unknown/Not documented

1.5 Gender:

o   Male   o   Non-binary/Other

o   Female   o   Unknown/Not documented

1.6 Ethnicity:

o   Asian or Asian British (Includes any Asian background, e.g. Bangladeshi, Chinese, Indian, Pakistani)

o   Black African, Black British or Caribbean (Includes any Black background)

o   Mixed or multiple ethnic groups (includes any mixed background)

o   White (includes any White background

o   Other (includes any other ethnic background, e.g. Arab)

o   Unknown/Not documented

1.7 First Language:

o   English   o   Welsh

o   Other European Language   o   Any Asian Language

o   Unknown/Not Documented   o   Other

1.8 Date of admission: *Dd/mm/yyyy*

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

o   Cancer

o   Cardiac/vascular/chest pain

o   Dehydration/nutrition

o   Delirium/confusion/ cognitive impairment

o   Dementia

o   Endocrine/metabolic condition

o   Fall

o   Gastrointestinal

o   Haematology related

o   Hepatology/liver related

o   Hip fracture/dislocation

o   Other Fracture/dislocation

o   Impaired consciousness/reduced responsiveness/drowsiness or dizziness

o   Neurological problem/seizure/head injury/headache

o   Psychiatric/psychological/behavioural problems

o   Respiratory

o   Sepsis

o   Skin problems/lacerations/lesions

o   Stroke or related

o   Surgical/non-surgical procedure

o   Urinary/urogenital/renal

o   Unable to cope/frailty

o   Other – please specify

o   Unknown/not documented

(1.9a) Other details

1.10 Please say whether this is an emergency or elective admission:

o   Emergency   o   Elective

1.11 Was delirium noted as part of the admitting condition?

o　　　Yes

o　　　No

1.12 Dementia status:

o　　　Known dementia

o　　　"Probable" dementia/ Concerns about cognition

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

o　　　Alzheimer's Disease (F00, G30)

o　　　Dementia in Alzheimer's disease, atypical or mixed type (F00.2)

o　　　Vascular Dementia (F01)

o　　　Dementia with Lewy bodies (G31.9)

o　　　Fronto-temporal Dementia (G31.8)

o　　　Dementia in Parkinson's disease (F02.3)

o　　　Delirium due to known psychological condition, including delirium superimposed on dementia

o　　　Unspecified dementia (F03)

o　　　Dementia subtype unknown/not documented

1.13 Place in which the person was living or receiving care <u>before</u> admission

o	Own home	o	Respite care
o	Rehabilitation ward	o	Psychiatric ward
o	Carer's home	o	Intermediate/community rehabilitation care
o	Residential care	o	Nursing home
o	Palliative care	o	Transfer to another hospital
o	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?)

o	Admissions Unit (AMU/ MAU etc)	o	Obstetrics/gynaecology
o	Care of the elderly	o	Oncology
o	Cardiac	o	Orthopaedics
o	Critical care	o	Stroke
o	General medical	o	Surgical
o	Nephrology	o	Other medical
		o	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