National Audit of Dementia
Audit of Casenotes 2022
PART ONE – SAMPLE OF 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 NAD team have created a comprehensive guidance document which you should have received via email outlining how to find your sample, navigate the data collection tool and submit data for the audit. If you have not received this or 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 19 September – 14 October and record demographic and admission details. Deadline for all data entry for Part One is 21 October.

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

PART 1: DEMOGRAPHICS & ADMISSION
Total sample

1.1 Number allocated to patient for audit

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.

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 Primary diagnosis/ 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?

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	Obstetrics/gynaecology	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)

END OF PART ONE