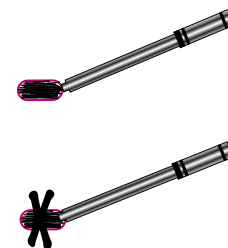


Management of dyspepsia: self-audit form

Completing the form

- Complete the form as soon as possible after serving each adult customer who:
 - directly requested an antacid (e.g. Mylanta) or H₂ antagonist (e.g. Zantac) or
 - requested advice about preventing and/or treating dyspepsia.
- Complete sections A, C and D for **all** customers.
- Complete section B if required.

- **Either the pharmacist or pharmacy assistant may complete the form.** The pharmacist conducting the self-audit should oversee the completion of all forms.
- Completely fill in the bubbles with black biro (as shown). Do not use pencil.
- If you make a mistake use white correction fluid or cross through the bubble clearly (as shown).



SECTION A: Screening the request (to be completed by pharmacist and/or pharmacy assistant)				
Was the customer the patient?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not asked	
How old was the patient?	<input type="radio"/> Adult ≤45 years old	<input type="radio"/> Adult >45 years old		
How did the customer present?	<input type="radio"/> Direct product request	<input type="radio"/> Symptom based request		
Had the patient used an antacid or H ₂ antagonist before?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not asked	
If yes: Did it work?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Partially	<input type="radio"/> Not asked
Were symptoms suggestive of gastro-oesophageal reflux disease (GORD)?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not asked	
When present, how often do symptoms occur?	<input type="radio"/> On more than 2 days a week	<input type="radio"/> 2 days a week or less	<input type="radio"/> Not asked	
Do symptoms interfere with normal activities?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not asked	
How often do symptomatic episodes occur?	<input type="radio"/> More than once every five days	<input type="radio"/> Once every five days or less	<input type="radio"/> Not asked	
Did the patient have any 'alarm symptoms' suggesting serious gastrointestinal disease?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not asked	
Was the patient pregnant/breastfeeding, or did they have any medical conditions, e.g. heart or kidney problems?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not asked	
Was the patient taking any other medications?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not asked	
If no coloured responses were marked above, go to section C .				
If any coloured responses were marked above, go to section B . If these were marked by the pharmacy assistant, the customer should have been referred to the pharmacist.				

SECTION B: Gathering more information (pharmacist involvement recommended)	
<p>Should the patient be referred to a GP?</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Symptoms not suggestive of GORD</p> <p><input type="radio"/> Frequent, severe, non-resolving or frequently recurrent symptoms</p> <p><input type="radio"/> Alarm symptoms</p> <p><input type="radio"/> Other (please specify) _____</p> <p><input type="radio"/> Referral not considered</p>	<p>The benefits of referral may include physical examination and investigation resulting in identifying and treating gastrointestinal pathology such as peptic ulcer or cancer.</p> <p><i>Pharmacy Letter 7</i> contains more information about when to refer a patient to a GP.</p>
<p>Was the patient taking any other medications?</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Any orally administered medication</p>	<p>Antacids may reduce absorption. Advise an interval of at least 2 hours between antacids and other drugs.</p> <p>H₂ antagonists reduce ketoconazole and itraconazole (capsule form only) absorption. Avoid combination.</p>
<p><input type="radio"/> Aspirin, NSAIDs, anticholinergic agents, theophylline, dopaminergic agents, alendronate and calcium-channel blockers</p> <p><input type="radio"/> Customer not asked</p>	<p>Patients taking these medications are at increased risk of dyspepsia. Consider referral to a GP.</p>

SECTION B

Did the patient have any medical conditions?

- No
- Constipation Exacerbated by antacids containing aluminium and calcium.
- Diarrhoea Exacerbated by antacids containing magnesium.
- Heart failure, chronic renal failure, cirrhosis or oedema May be exacerbated by the sodium content of some antacids or effervescent H₂ antagonist tablets.
- Severe renal impairment Antacids containing aluminium should not be used as antacids in severe renal impairment; accumulation of aluminium may occur. They may be used as phosphate binders with caution.
- Diabetes Some antacids contain sugar.
- Pregnant Antacids are ADEC category A. H₂ antagonists are ADEC category B1 and should be used under medical supervision.
- Phenylketouria Effervescent H₂ antagonist tablets contain aspartame.
- Other (please specify) _____
- Customer not asked

SECTION C

SECTION C: Management (to be completed by pharmacist and/or pharmacy assistant)**Pharmacological management**

- No product supplied
- Product other than an antacid or H₂ antagonist supplied. Please specify _____

H₂ antagonist Famotidine Ranitidine H₂ antagonist not supplied

Antacid Antacid supplied, please specify below Antacid not supplied

For antacid products, please indicate the antacid(s) and other active ingredients in the product that you supplied. Magnesium salts include magnesium carbonate, magnesium hydroxide, magnesium sulfate, magnesium trisilicate.

See page 2 of *What you need to know to complete the self-audit* for an example.

Metal salt Aluminium hydroxide Calcium carbonate Magnesium salt Other

Other active ingredients Simethicone Sodium bicarbonate Oxethazaine Alginate Other

Non-pharmacological management

- Provided advice about the medication supplied Include dose, frequency, administration and side effects.
- Provided advice on lifestyle modification Advise patients to quit cigarette smoking, moderate alcohol consumption and avoid foods that precipitate symptoms.
- Provided written information For example, *Pharmacy Self Care* card.
- Other (please specify) _____
- Referral**
- Referred to a general practitioner, immediately
- Referred to a general practitioner, if symptoms don't improve or recur frequently
- Other (please specify) _____
- Follow-up**
- No planned follow-up
- Asked patient to report back if symptoms don't improve, or recur in less than 5 days
- Other (please specify) _____
- Patients with non-resolving or frequently recurrent symptoms should be referred to a GP.

SECTION D

SECTION D: Self-assessment (to be completed by pharmacist and any other staff member involved in serving the customer)**Which staff members were involved with this customer? (More than one response possible)**

Pharmacist Pharmacy assistant Pre-registration pharmacist Pharmacy student

Did section A of the self-audit form suggest that the pharmacist should see the customer? Yes No

If the customer should have seen the pharmacist and didn't, please indicate reason. (More than one response possible)

- Pharmacist busy Pharmacy staff busy Not aware that customer should have seen the pharmacist
- Customer did not want to see the pharmacist Other (please specify) _____

Do you think that this customer received quality advice about over-the-counter management of dyspepsia?

Fully Substantially Partially No

Please indicate all barriers to providing quality advice. (More than one response possible)

- Customer in a hurry Customer not the patient Pharmacy busy Customer not receptive to questioning
- Other (please specify) _____