Please complete a separate audit form for each patient seen within your branch of the service who is prescribed transdermal opioids for the period 01/10/2009 – 01/04/2010. The form can be completed electronically or by hand.

<table>
<thead>
<tr>
<th>ICN:</th>
<th>Setting:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Hospice Inpatient</td>
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<tr>
<td></td>
<td>Hospital Inpatient</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Assessment</th>
<th>Sex: Male</th>
<th>Female</th>
<th>D.O.B.</th>
<th>Diagnosis</th>
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</thead>
</table>

1. Which Transdermal Opioid is the patient currently prescribed?

- FENTANYL
- BUPRENORPHINE (BUTRANS)
- BUPRENORPHINE (TRANSTEC)

2a. Was this the patient’s initially prescribed dose?  Yes □  No □  Don’t Know □

2b. If No, what was the initially prescribed dose?  Not known/available □

2c. If known what was the date of the initial prescription?

- Comments

3. Who was the original prescriber?  General Practitioner □  Hospital Doctor □  Palliative Care Specialist □  Not Known □  Other □  (Please state)

4. How would you classify the patient’s pain?

- Pain related to cancer □  Non-malignant pain □  Not Clear □

- Comments

5. Was the patient prescribed an opioid analgesic prior to commencement of the transdermal opioid?

- Yes □  Go to question 6
- No □  Go to question 7
- Don’t know □  Go to question 7

- Comments
6. What was the formulation and dose of opioid prescribed immediately prior to commencement of the transdermal opioid?

<table>
<thead>
<tr>
<th>Name of Strong Opioid</th>
<th>Name of Weak Opioid</th>
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Dose of Strong Opioid Dose of Weak Opioid

7a Does the patient have breakthrough medication prescribed? Yes ☐ No ☐

7b. If yes what medication is prescribed?

7c. What dose is prescribed?

8. Is there a documented reason recorded in the patient’s case notes for the use of a transdermal opioid?

Yes ☐ No ☐ If yes please state

9. Does the patient have any of the following? (Please tick all that apply)

- Difficulty/Unable to swallow ☐
- Difficulty with compliance of oral medications ☐
- Persistent Nausea and/or Vomiting ☐
- Gastrointestinal Obstruction ☐
- Renal dysfunction ☐ (If yes see question 10)
- Documented Intolerance of other opioids ☐
- Problematic Constipation ☐
- Stable pain ☐
- Comments ☐

10. If renal dysfunction was a contributing reason for prescription of the transdermal opioid please indicate the most recent biochemistry

Urea ☐ Potassium ☐ Creatinine ☐ eGFR (if known)

11. Did the patient experience any side effects/incidents relating to the prescribing of a transdermal opioid?

Yes ☐ No ☐ If yes please state

12. Is it documented that the patient received any counselling/education regarding the use of transdermal opioids prior to the initial prescription?

Yes ☐ No ☐ Don’t Know ☐ If yes please state by whom?

13. Following your initial assessment please state what the palliative care team chose to do with the transdermal opioid and why?

Thank you for taking the time to complete this form. Please return completed forms to: Dr Graham Whyte, StR Palliative Medicine, Aintree Palliative Care Team, University Hospital Aintree, Lower Lane, Liverpool, L9 7AL or electronically to graham.whyte2@nhs.net