## Phenobarbital audit data collection table

**Patient initials:**

<table>
<thead>
<tr>
<th>Patient understanding**</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th>Sheet Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Y=Yes, N=No)</td>
<td>Pt</td>
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<td>Pt</td>
<td>Y/N</td>
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</tr>
</tbody>
</table>

### Dispensing*

2. **Was the same manufacturer’s product of phenobarbital dispensed?**

### Patient understanding**

3. **Does the patient report they have had any recent change in seizure frequency?**

4. **Can the patient describe appropriate action to take if they miss one or more doses?**

5a. **Does the patient know the importance of safe alcohol consumption while taking phenobarbital?**
   (advice on alcohol consumption is essential)

5b. **Does the patient know how to maintain a healthy lifestyle in relation to:**
   - **Diet**
   - **Exercise**
   - **Smoking**

6. **Is the patient aware that they should not take non-prescribed medicines, including herbal remedies or supplements, without first seeking advice from a pharmacist or doctor?**

### Referrals

7a. **Did you refer the patient to their GP or specialist?**
   (patients should be referred if they have any recent change in seizure frequency)

7b. **If yes: which question(s) was the referral relating to?**

### Explanations

8. **For any question where the patient has answered NO was the appropriate advice provided?**
   (Appropriate advice must be provided in all cases as part of this audit)

### Pharmacy records

9. **Has the manufacturer’s product of phenobarbital the patient should be dispensed been recorded on the PMR or appropriate patient record?**

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*Refer if answer is no and record in the ‘Referral’ section  ** Explain to the patient if the answer is ‘No’ and record in ‘Explanations given’ section*