



Aims of the clinical audit

After you have formulated your **Pearls Question**, you may wish to use the attached Self-Audit Tool to evaluate your own practice and determine the type of appropriate information you need to answer your question.

How to participate

1. Select patients

Select 10-20 patients retrospectively using paper or electronic medical records in whom you initiated PPI therapy for the first time, over a time-frame of one year.

2. Keep patients informed

If someone external to your practice is conducting the audit on your behalf, you may be required to inform patients that de-identified information from their medical records may be used for clinical audit.

3. Formulate standardized form

Formulate a standardized form to collect data consistently from all charts that will best inform and provide information on your question. As a guide, consider using the following form to help ensure collection of appropriate information such as:

- Current Management
- Indications for current management
- Tests/procedures completed
- Review of ongoing use of proton pump inhibitors

4. Interpret Results from Self-Audit

- Group patients accordingly by age range, and by indication for clinical treatment
- Note variations in your prescribing practice
- Seek credible information sources that will provide insight into appropriate prescribing behavior specific to the variations
- Based on your findings (and those learned from credible information sources), establish 1-2 goals for change in prescribing practices

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Patient details

1. Patient code: (do not use names)

2. Patient age:: < 55 years ≥ 55 years

Current management

3. Which PPI is the patient using? Drug name Brand name	4. What is the current daily dosage of PPI? e.g. omeprazole 20 mg twice a day = 40 mg/day				5. What is the dosing schedule of PPI?		
					Regularly each day	Intermittent, symptom-driven	Not known
<input type="checkbox"/> omeprazole	<input type="checkbox"/> 40 mg/day	<input type="checkbox"/> 20 mg/day	<input type="checkbox"/> 10 mg/day	<input type="checkbox"/> other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> lansoprazole	<input type="checkbox"/> 60 mg/day	<input type="checkbox"/> 30 mg/day	<input type="checkbox"/> 15 mg/day	<input type="checkbox"/> other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> pantoprazole	<input type="checkbox"/> 80 mg/day	<input type="checkbox"/> 40 mg/day	<input type="checkbox"/> 20 mg/day	<input type="checkbox"/> other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> rabeprazole	<input type="checkbox"/> 40 mg/day	<input type="checkbox"/> 20 mg/day	<input type="checkbox"/> 10 mg/day	<input type="checkbox"/> other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> esomeprazole	<input type="checkbox"/> 40 mg/day	<input type="checkbox"/> 20 mg/day	___	<input type="checkbox"/> other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Indications for current use:

- | | | |
|--|--|--|
| <input type="checkbox"/> Uninvestigated GERD/dyspepsia | <input type="checkbox"/> Barrett's esophagitis | <input type="checkbox"/> NSAID-induced ulcer disease |
| <input type="checkbox"/> Mild to moderate symptoms | <input type="checkbox"/> Confirmed peptic ulcer disease | <input type="checkbox"/> Strictures/scleroderma |
| <input type="checkbox"/> Severe symptoms | <input type="checkbox"/> Confirmed non-ulcer dyspepsia | <input type="checkbox"/> Uncertain diagnosis |
| <input type="checkbox"/> Confirmed GERD | <input type="checkbox"/> <i>H. pylori</i> -induced ulcer disease | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Confirmed severe esophagitis | | |

7. Who initiated/recommended the current PPI?

- myself specialist not known
 another GP after hospital stay

8. Has lifestyle modification been advised?

- yes no not known

9. Has the patient tried any other treatment(s) before the current treatment?

- antacids other PPI not known
 H2RA none

10. Is the patient using medication that can induce dyspepsia/ulceration?

- yes no not known

11. Does the patient have risk factors that put them at high risk of ulceration?

- yes no

12. How long has the patient been on PPI therapy?

- < 4 weeks 4-8 weeks > 8 weeks

13. Has the need for continued PPI treatment been reviewed?

- yes no

14. Is the patient symptom-free with their current treatment?

- yes no not known

15. Has the dosage of PPI changed during their treatment?

- yes no not known

16. Has a step-down regimen been tried?

- yes no not known

17. Has the patient been tested for *H. Pylori*?

- yes no not known

18. Has the patient had previous successful *H. Pylori* eradication therapy?

- yes no not known

19. Has the patient had an endoscopy?

- yes no not known

Clinical audit: Review of proton pump inhibitor (PPI) Prescribing

