

JUST IN CASE BOX AUDIT FORM

PRACTICE NAME: _____

Date box was issued: DD / MM / YYYY

Length of time box available for use: _____ days

Patient details or affix label here

CHI no: _____

Aims of the audit

- a) To determine the use of Just in Case boxes
- b) To determine the wastage of drugs in the Just in Case boxes
- c) To determine whether the Just in Case boxes improve patient care

Instructions

- a) An audit form is to be completed for each patient who has a Just in Case box
- b) YES/NO questions – please circle / tick the appropriate answer to each question

QUESTIONNAIRE

1. Which drugs were in the Just in Case box to start with?

Drug name	Drug strength <i>(please tick)</i>	Number of ampoules <i>(please tick)</i>
Opioid (specify) _____		
Midazolam	10mg/2ml <input type="checkbox"/>	10 ampoules <input type="checkbox"/> Other <input type="checkbox"/>
Hyoscine butylbromide	20mg/1ml <input type="checkbox"/>	10 ampoules <input type="checkbox"/> Other <input type="checkbox"/>
Levomepromazine	25mg/1ml <input type="checkbox"/>	10 ampoules <input type="checkbox"/> Other <input type="checkbox"/>
Haloperidol	5mg/1ml <input type="checkbox"/>	5 ampoules <input type="checkbox"/> Other <input type="checkbox"/>
Any others?		

2. Was the Just in Case box used? Yes No

If Yes, please record which drugs were used

Drug name	Number of ampoules used	Given by <i>(circle as appropriate)</i>
		GP / OOH / DN / OOH DN / MC / Mac
		GP / OOH / DN / OOH DN / MC / Mac
		GP / OOH / DN / OOH DN / MC / Mac
		GP / OOH / DN / OOH DN / MC / Mac
		GP / OOH / DN / OOH DN / MC / Mac
		GP / OOH / DN / OOH DN / MC / Mac
		GP / OOH / DN / OOH DN / MC / Mac

GP: General Practitioner, OOH: Out of Hours Doctor, DN: Daytime District Nurse, OOH DN: Out of Hours District Nurse, MC: Marie Curie Staff Nurse; Mac: Macmillan Nurse

3. Was there anything not in the box that would have been useful for this patient?

Yes No

If Yes, please state which drugs would have been useful

Drug name	Drug form (tablet / injection / suppository etc.)

4. Was the patient admitted to Hospital? Yes No

If Yes, did the Just in Case box delay admission? Yes No

If Yes, why was patient admitted? _____

If No, did the Just in Case box prevent admission? Yes No

5. Was an out-of-hours call made to a doctor? Yes No

If No, did the Just in Case box prevent an out-of-hours call? Yes No

6. Was there any resistance to the introduction of the Just in Case box?

	Was there resistance?	If yes, please say what
By the patient?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
By the patient's relatives?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
By anyone else?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

7. Using your experience with this episode of patient care, please comment on any benefits or drawbacks to patients care you think the Just in Case box provides, either through its use or merely by its presence

8. Any other comments about the Just in Case box?

Please return this completed form to Jonathan Campbell, Clinical Quality, Hairmyres Hospital