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Community Pharmacy Dementia Audit

Introduction

To comply with the NHS contractual requirements associated with the Clinical Governance Essential Service, pharmacy contractors must perform an annual practice based audit. Audit is an integral aspect of ongoing clinical effectiveness and provides data of how patients are supported by community pharmacy systems and procedures.

Hertfordshire LPC is committed to supporting contractors, and when audit results are collated and analysed, this will highlight opportunities for service developments and will provide robust evidence of community pharmacy teams' contributions to supporting patients with dementia and their carers.

Hertfordshire LPC has identified the need to explore what services community pharmacy teams currently offer this patient group and also to capture some data about services offered to carers who support patients with dementia.

In addition, it has been established that prescribing of anti-psychotics to treat behavioural and psychological symptoms should be closely monitored.

A key part of the audit is to scope community pharmacy services for confused patients and their informal carers. This audit aims to explore:

SECTION ONE: Community pharmacy training needs assessment for dementia services (p.2, questions 3-5).

SECTION TWO: Level of anti-psychotic prescribing for patients who have dementia (p.3, question 6).

SECTION THREE: How patients and their carers use community pharmacy services including data collection for one week on how the community pharmacy team members have supported patients and/or their carers and a patient story (pp.4-6, questions 7-15).

SECTION FOUR: Needs assessment for carers who use your pharmacy and who support patients with dementia to explore the demographics and needs of carers to inform dementia services. Ideally data should be collected from five carers if possible and five copies have been made available to you (p.7-16, questions 16-90).

In order to make the data collection easier for this audit, both for pharmacies and for the collation of the data at the LPC office, we have provided an electronic version of the survey that the pharmacy can use in order to submit the completed data to the LPC office: https://www.surveymonkey.com/r/Dementiaaudit15-16. We would strongly encourage you to submit your responses via this method. Please ensure that you have submitted your pharmacy's responses by Friday 29 April 2015 or your data will not be included as part of the analysis.

You do not need to return the completed paper copies of the form unless this is your preferred method of return which you can fax back to the LPC office on 01707 390124.

Hertfordshire LPC will provide a summary of the audit data in late spring/early summer 2016 and will of course securely store all information submitted electronically. The audit report will not disclose pharmacies' identities.

SECTION ONE: <u>Community pharmacy training needs assessment for dementia services</u>

3. How many members of the pharmacy team would benefit from further dementia awareness training? _____

4. How many pharmacy team members are dementia friends? _____

5. How many members of the pharmacy team do you think should attend dementia friend training? _____

SECTION TWO: <u>Level of anti-psychotic prescribing for patients who have dementia</u>

6. Complete the table to identify how many patients are prescribed acetylcholinesterase inhibitors and anti-psychotics. Use a drug search for the drug combinations on the PMR system in the last six months.

	Amisulparide	Aripiprazole	Haloperidol	Olanzapine	Quetiapine	Risperidone	No anti psychotic
Donepezil							
Rivastigmine							
Galantamine							
Memantine							

SECTION THREE: <u>Disease stage that most appropriately describes service users' symptoms</u>

In this section of the audit we would like you to estimate how many of your regular patients display symptoms of dementia. We would also like to know how many carers you offer support to. Consider people who use your pharmacy on a regular basis and include patients who are housebound.

7. We support ……. **patients** who display signs of having early, mild stage including loss of memory, forget recent conversations or events struggle to find the right word in conversation or lose the thread of what is being said, become confused or lose track of the day or date.

8. We support ……. **carers** who support patients who have early, mild stage including loss of memory, forget recent conversations or events struggle to find the right word in conversation or lose the thread of what is being said, become confused or lose track of the day or date.

9. We support ……. **patients** who have middle, moderate stage, person needs more support with day-to-day activities. Will need reminders to wash, dress and use the toilet. They may also repeat a phrase or question time and time again; they will forget names and show signs of frustration. At this stage patients will probably be unable to manage their medicines and may get lost. They may also behave in an inappropriate way, for example going out in nightclothes and confusing day and night.

10. We support ……. **carers** who support patients who have middle, moderate stage, person needs more support with day-to-day activities. Will need reminders to wash, dress and use the toilet. They may also repeat a phrase or question time and time again; they will forget names and show signs of frustration. At this stage patients will probably be unable to manage their medicines and may get lost. They may also behave in an inappropriate way, for example going out in nightclothes and confusing day and night.

11. We support ……. **patients** who have late, severe stage, a person with Alzheimer's will become totally dependent and may need nursing care. Loss of memory will become more profound and will not recognise family members. They may develop difficulties swallowing and may either eat too much or not enough. They may become incontinent of bladder and or bowels. They may lose their speech.

12. We support ……. **carers** who support patients who have late, severe stage, a person with Alzheimer's will become totally dependent and may need nursing care. Loss of memory will become more profound and will not recognise family members. They may develop difficulties swallowing and may either eat too much or not enough. They may become incontinent of bladder and or bowels. They may lose their speech.

Service scoping audit for confused patients and their carers

13. For one week keep a tally of interventions that best describes how the community pharmacy team members have supported patients and/or their carers. Enter 5 ticks in each box and use additional sheets if required.

Intervention tally chart	Patient support	Total	Carer support	Total
Signpost to GP				
Compliance device service				
Medicines Administration Record provided				
Discharge support				
Signposted to dementia support service				
Signposted to memory clinic				
Emergency supply of medicine				
Supported synchronisation of repeat prescription service				
Support for self-care				
Repeat dispensing service				
Managed repeat services				

14. Identify which team member undertook the intervention.

Who made the intervention?	Tally chart			Total
Pharmacist				
Dispensary support team				
Medicines Counter Assistant				

Patient Story

15. Patient and carer story: If you have an example where you have resolved any issues for this patient that would make a good 'patient story' please could you provide us with some detail. Ensure that you do not disclose any patients' or clinicians' identities. Please do **not** provide details of compliance device services.

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SECTION FOUR: <u>Needs assessment for carers who use your pharmacy and who support patients with dementia</u>
Collecting data from five carers if possible to explore the demographics and needs of carers to inform dementia services.

CARER ONE

16. Patient's gender (M or F) …….. Patient's age …….. years
Carer's gender (M or F) …….. Carer's age …….. years

17. **Patient's symptoms (select all those that are appropriate)**

- ☐ Forgetfulness
- ☐ Difficulty cooking a meal
- ☐ Mind slowing down
- ☐ Hearing sounds that are not there
- ☐ Being confused for short spells
- ☐ Mood swings
- ☐ Behaving in a selfish manner
- ☐ Unable to speak fluently
- ☐ Difficulty planning (including ordering medicines)
- ☐ Difficulty making decisions
- ☐ Visual hallucinations
- ☐ Moving slowly
- ☐ Problems concentrating
- ☐ Feeling anxious
- ☐ Unable to recall names

18. **Patient's disease type**

- ☐ Unknown
- ☐ Vascular dementia
- ☐ Frontotemporal dementia (including Pick's disease)
- ☐ Parkinson's disease dementia
- ☐ Dementia with Lewy Bodies
- ☐ Alzheimer's disease

19. **Disease stage that most appropriately describes the patient's symptoms**

- ☐ Early, mild stage as outlined within questions 9-14.
- ☐ Middle, moderate stage as outlined within questions 9-14.
- ☐ Late, severe stage as outlined within questions 9-14.

20. **Accommodation type (majority of the time)**

- ☐ Patient lives in own home
- ☐ Patient lives in family members home for support
- ☐ Patient lives in residential care home
- ☐ Patient lives in nursing home

21. **Patient support 1 (please complete the table below)**

	Not used	Using	Unsure	No support required
Informal carer support (unpaid support usually family members)	☐	☐	☐	☐
Paid companion support	☐	☐	☐	☐
Formal carer support (paid carer support)	☐	☐	☐	☐
Formal nursing support (paid nursing support)	☐	☐	☐	☐

22. **Patient support 2 (please complete the table below)**

	Yes	No	Don't know	Unaware
Is the patient on their GP's dementia register?	☐	☐	☐	☐
Is the carer on their GP's carers' register?	☐	☐	☐	☐
Does the patient attend the Memory Clinic?	☐	☐	☐	☐
Does the patient have a care plan?	☐	☐	☐	☐
Does the patient drive?	☐	☐	☐	☐
Has the community pharmacy team received any communication from the Memory Clinic?	☐	☐	☐	☐

23. **Does the patient exhibit any of the following behavioural and psychological symptoms?**

Shouting	☐ Yes	☐ No	☐ Unsure
Restlessness	☐ Yes	☐ No	☐ Unsure
Self harm	☐ Yes	☐ No	☐ Unsure
Aggression towards others	☐ Yes	☐ No	☐ Unsure

24. **Does the carer know who to contact if they need help due to behavioural or psychological symptoms (eg. aggression)?**

☐ Yes ☐ No ☐ Unsure

25. **Does the carer understand what support networks they can access?**

☐ Yes ☐ No ☐ Unsure

26. **Which of the following support strategies or activities are a part of the patient's routine?**

☐ Meeting friends and family
☐ Hand massage
☐ Engage with music or dancing
☐ Reduce unnecessary clutter
☐ Provide a comfortable sleeping environment
☐ Animal/pet assisted therapy
☐ A structured daily routine
☐ Aroma or light therapy
☐ Reduce unnecessary noise
☐ Provide familiar personal items (eg. toy animal)

27. **Please identify the anti-psychotic drugs that the patient is currently prescribed?**

☐ Amisulparide
☐ Haloperidol
☐ Quetiapine
☐ None
☐ Aripiprazole
☐ Olanzapine
☐ Risperidone

28. **Please identify the acetylcholinesterase inhibitors that the patient is currently prescribed?**

☐ Donepezil
☐ Galantamine
☐ None
☐ Rivastigmine
☐ Memantine

29. **Has the patient experienced any of the following side effects?**

☐ Diarrhoea
☐ Dizziness
☐ Elevated blood pressure
☐ Muscle cramps
☐ Fatigue
☐ Constipation
☐ Headaches
☐ Insomnia

30. **Does the patient have any other co-morbidities that require medication?**

☐ Yes ☐ No ☐ Unknown

Date completed: ODS Code: F_____ Email address:

CARER TWO

31. Patient's gender (M or F) …….. Patient's age …….. years
Carer's gender (M or F) …….. Carer's age …….. years

32. **Patient's symptoms (select all those that are appropriate)**

- ☐ Forgetfulness
- ☐ Difficulty cooking a meal
- ☐ Mind slowing down
- ☐ Hearing sounds that are not there
- ☐ Being confused for short spells
- ☐ Mood swings
- ☐ Behaving in a selfish manner
- ☐ Unable to speak fluently
- ☐ Difficulty planning (including ordering medicines)
- ☐ Difficulty making decisions
- ☐ Visual hallucinations
- ☐ Moving slowly
- ☐ Problems concentrating
- ☐ Feeling anxious
- ☐ Unable to recall names

33. **Patient's disease type**

- ☐ Unknown
- ☐ Parkinson's disease dementia
- ☐ Alzheimer's disease
- ☐ Vascular dementia
- ☐ Dementia with Lewy Bodies
- ☐ Frontotemporal dementia (including Pick's disease)

34. **Disease stage that most appropriately describes the patient's symptoms**

- ☐ Early, mild stage as outlined within questions 9-14.
- ☐ Middle, moderate stage as outlined within questions 9-14.
- ☐ Late, severe stage as outlined within questions 9-14.

35. **Accommodation type (majority of the time)**

- ☐ Patient lives in own home
- ☐ Patient lives in family members home for support
- ☐ Patient lives in residential care home
- ☐ Patient lives in nursing home

36. **Patient support 1 (please complete the table below)**

	Not used	Using	Unsure	No support required
Informal carer support (unpaid support usually family members)	☐	☐	☐	☐
Paid companion support	☐	☐	☐	☐
Formal carer support (paid carer support)	☐	☐	☐	☐
Formal nursing support (paid nursing support)	☐	☐	☐	☐

37. **Patient support 2 (please complete the table below)**

	Yes	No	Don't know	Unaware
Is the patient on their GP's dementia register?	☐	☐	☐	☐
Is the carer on their GP's carers' register?	☐	☐	☐	☐
Does the patient attend the Memory Clinic?	☐	☐	☐	☐
Does the patient have a care plan?	☐	☐	☐	☐
Does the patient drive?	☐	☐	☐	☐
Has the community pharmacy team received any communication from the Memory Clinic?	☐	☐	☐	☐

38. **Does the patient exhibit any of the following behavioural and psychological symptoms?**

Shouting	☐ Yes	☐ No	☐ Unsure
Restlessness	☐ Yes	☐ No	☐ Unsure
Self harm	☐ Yes	☐ No	☐ Unsure
Aggression towards others	☐ Yes	☐ No	☐ Unsure

39. **Does the carer know who to contact if they need help due to behavioural or psychological symptoms (eg. aggression)?**

☐ Yes ☐ No ☐ Unsure

40. **Does the carer understand what support networks they can access?**

☐ Yes ☐ No ☐ Unsure

41. **Which of the following support strategies or activities are a part of the patient's routine?**

☐ Meeting friends and family
☐ Hand massage
☐ Engage with music or dancing
☐ Reduce unnecessary clutter
☐ Provide a comfortable sleeping environment
☐ Animal/pet assisted therapy
☐ A structured daily routine
☐ Aroma or light therapy
☐ Reduce unnecessary noise
☐ Provide familiar personal items (eg. toy animal)

42. **Please identify the anti-psychotic drugs that the patient is currently prescribed?**

☐ Amisulpride
☐ Haloperidol
☐ Quetiapine
☐ None
☐ Aripiprazole
☐ Olanzapine
☐ Risperidone

43. **Please identify the acetylcholinesterase inhibitors that the patient is currently prescribed?**

☐ Donepezil
☐ Galantamine
☐ None
☐ Rivastigmine
☐ Memantine

44. **Has the patient experienced any of the following side effects?**

☐ Diarrhoea
☐ Dizziness
☐ Elevated blood pressure
☐ Muscle cramps
☐ Fatigue
☐ Constipation
☐ Headaches
☐ Insomnia

45. **Does the patient have any other co-morbidities that require medication?**

☐ Yes ☐ No ☐ Unknown

Date completed: ODS Code: F_____ Email address:

CARER THREE

46. Patient's gender (M or F) …….. Patient's age …….. years
Carer's gender (M or F) …….. Carer's age …….. years

47. **Patient's symptoms (select all those that are appropriate)**

- ☐ Forgetfulness
- ☐ Difficulty cooking a meal
- ☐ Mind slowing down
- ☐ Hearing sounds that are not there
- ☐ Being confused for short spells
- ☐ Mood swings
- ☐ Behaving in a selfish manner
- ☐ Unable to speak fluently
- ☐ Difficulty planning (including ordering medicines)
- ☐ Difficulty making decisions
- ☐ Visual hallucinations
- ☐ Moving slowly
- ☐ Problems concentrating
- ☐ Feeling anxious
- ☐ Unable to recall names

48. **Patient's disease type**

- ☐ Unknown
- ☐ Parkinson's disease dementia
- ☐ Alzheimer's disease
- ☐ Vascular dementia
- ☐ Dementia with Lewy Bodies
- ☐ Frontotemporal dementia (including Pick's disease)

49. **Disease stage that most appropriately describes the patient's symptoms**

- ☐ Early, mild stage as outlined within questions 9-14.
- ☐ Middle, moderate stage as outlined within questions 9-14.
- ☐ Late, severe stage as outlined within questions 9-14.

50. **Accommodation type (majority of the time)**

- ☐ Patient lives in own home
- ☐ Patient lives in family members home for support
- ☐ Patient lives in residential care home
- ☐ Patient lives in nursing home

51. **Patient support 1 (please complete the table below)**

	Not used	Using	Unsure	No support required
Informal carer support (unpaid support usually family members)	☐	☐	☐	☐
Paid companion support	☐	☐	☐	☐
Formal carer support (paid carer support)	☐	☐	☐	☐
Formal nursing support (paid nursing support)	☐	☐	☐	☐

52. **Patient support 2 (please complete the table below)**

	Yes	No	Don't know	Unaware
Is the patient on their GP's dementia register?	☐	☐	☐	☐
Is the carer on their GP's carers' register?	☐	☐	☐	☐
Does the patient attend the Memory Clinic?	☐	☐	☐	☐
Does the patient have a care plan?	☐	☐	☐	☐
Does the patient drive?	☐	☐	☐	☐
Has the community pharmacy team received any communication from the Memory Clinic?	☐	☐	☐	☐

53. **Does the patient exhibit any of the following behavioural and psychological symptoms?**

Shouting	☐ Yes	☐ No	☐ Unsure
Restlessness	☐ Yes	☐ No	☐ Unsure
Self harm	☐ Yes	☐ No	☐ Unsure
Aggression towards others	☐ Yes	☐ No	☐ Unsure

54. **Does the carer know who to contact if they need help due to behavioural or psychological symptoms (eg. aggression)?**

☐ Yes ☐ No ☐ Unsure

55. **Does the carer understand what support networks they can access?**

☐ Yes ☐ No ☐ Unsure

56. **Which of the following support strategies or activities are a part of the patient's routine?**

☐ Meeting friends and family
☐ Hand massage
☐ Engage with music or dancing
☐ Reduce unnecessary clutter
☐ Provide a comfortable sleeping environment
☐ Animal/pet assisted therapy
☐ A structured daily routine
☐ Aroma or light therapy
☐ Reduce unnecessary noise
☐ Provide familiar personal items (eg. toy animal)

57. **Please identify the anti-psychotic drugs that the patient is currently prescribed?**

☐ Amisulpride
☐ Haloperidol
☐ Quetiapine
☐ None
☐ Aripiprazole
☐ Olanzapine
☐ Risperidone

58. **Please identify the acetylcholinesterase inhibitors that the patient is currently prescribed?**

☐ Donepezil
☐ Galantamine
☐ None
☐ Rivastigmine
☐ Memantine

59. **Has the patient experienced any of the following side effects?**

☐ Diarrhoea
☐ Dizziness
☐ Elevated blood pressure
☐ Muscle cramps
☐ Fatigue
☐ Constipation
☐ Headaches
☐ Insomnia

60. **Does the patient have any other co-morbidities that require medication?**

☐ Yes ☐ No ☐ Unknown

Date completed: ODS Code: F_____ Email address:

CARER FOUR

61. Patient's gender (M or F) …….. Patient's age …….. years
Carer's gender (M or F) …….. Carer's age …….. years

62. **Patient's symptoms (select all those that are appropriate)**

- ☐ Forgetfulness
- ☐ Difficulty cooking a meal
- ☐ Mind slowing down
- ☐ Hearing sounds that are not there
- ☐ Being confused for short spells
- ☐ Mood swings
- ☐ Behaving in a selfish manner
- ☐ Unable to speak fluently
- ☐ Difficulty planning (including ordering medicines)
- ☐ Difficulty making decisions
- ☐ Visual hallucinations
- ☐ Moving slowly
- ☐ Problems concentrating
- ☐ Feeling anxious
- ☐ Unable to recall names

63. **Patient's disease type**

- ☐ Unknown
- ☐ Parkinson's disease dementia
- ☐ Alzheimer's disease
- ☐ Vascular dementia
- ☐ Dementia with Lewy Bodies
- ☐ Frontotemporal dementia (including Pick's disease)

64. **Disease stage that most appropriately describes the patient's symptoms**

- ☐ Early, mild stage as outlined within questions 9-14.
- ☐ Middle, moderate stage as outlined within questions 9-14.
- ☐ Late, severe stage as outlined within questions 9-14.

65. **Accommodation type (majority of the time)**

- ☐ Patient lives in own home
- ☐ Patient lives in family members home for support
- ☐ Patient lives in residential care home
- ☐ Patient lives in nursing home

66. **Patient support 1 (please complete the table below)**

	Not used	Using	Unsure	No support required
Informal carer support (unpaid support usually family members)	☐	☐	☐	☐
Paid companion support	☐	☐	☐	☐
Formal carer support (paid carer support)	☐	☐	☐	☐
Formal nursing support (paid nursing support)	☐	☐	☐	☐

67. **Patient support 2 (please complete the table below)**

	Yes	No	Don't know	Unaware
Is the patient on their GP's dementia register?	☐	☐	☐	☐
Is the carer on their GP's carers' register?	☐	☐	☐	☐
Does the patient attend the Memory Clinic?	☐	☐	☐	☐
Does the patient have a care plan?	☐	☐	☐	☐
Does the patient drive?	☐	☐	☐	☐
Has the community pharmacy team received any communication from the Memory Clinic?	☐	☐	☐	☐

68. **Does the patient exhibit any of the following behavioural and psychological symptoms?**

Shouting	☐ Yes	☐ No	☐ Unsure
Restlessness	☐ Yes	☐ No	☐ Unsure
Self harm	☐ Yes	☐ No	☐ Unsure
Aggression towards others	☐ Yes	☐ No	☐ Unsure

69. **Does the carer know who to contact if they need help due to behavioural or psychological symptoms (eg. aggression)?**

☐ Yes ☐ No ☐ Unsure

70. **Does the carer understand what support networks they can access?**

☐ Yes ☐ No ☐ Unsure

71. **Which of the following support strategies or activities are a part of the patient's routine?**

☐ Meeting friends and family
☐ Hand massage
☐ Engage with music or dancing
☐ Reduce unnecessary clutter
☐ Provide a comfortable sleeping environment
☐ Animal/pet assisted therapy
☐ A structured daily routine
☐ Aroma or light therapy
☐ Reduce unnecessary noise
☐ Provide familiar personal items (eg. toy animal)

72. **Please identify the anti-psychotic drugs that the patient is currently prescribed?**

☐ Amisulpride
☐ Haloperidol
☐ Quetiapine
☐ None
☐ Aripiprazole
☐ Olanzapine
☐ Risperidone

73. **Please identify the acetylcholinesterase inhibitors that the patient is currently prescribed?**

☐ Donepezil
☐ Galantamine
☐ None
☐ Rivastigmine
☐ Memantine

74. **Has the patient experienced any of the following side effects?**

☐ Diarrhoea
☐ Dizziness
☐ Elevated blood pressure
☐ Muscle cramps
☐ Fatigue
☐ Constipation
☐ Headaches
☐ Insomnia

75. **Does the patient have any other co-morbidities that require medication?**

☐ Yes ☐ No ☐ Unknown

CARER FIVE

76. Patient's gender (M or F) …….. Patient's age …….. years
Carer's gender (M or F) …….. Carer's age …….. years

77. **Patient's symptoms (select all those that are appropriate)**

- ☐ Forgetfulness
- ☐ Difficulty cooking a meal
- ☐ Mind slowing down
- ☐ Hearing sounds that are not there
- ☐ Being confused for short spells
- ☐ Mood swings
- ☐ Behaving in a selfish manner
- ☐ Unable to speak fluently
- ☐ Difficulty planning (including ordering medicines)
- ☐ Difficulty making decisions
- ☐ Visual hallucinations
- ☐ Moving slowly
- ☐ Problems concentrating
- ☐ Feeling anxious
- ☐ Unable to recall names

78. **Patient's disease type**

- ☐ Unknown
- ☐ Parkinson's disease dementia
- ☐ Alzheimer's disease
- ☐ Vascular dementia
- ☐ Dementia with Lewy Bodies
- ☐ Frontotemporal dementia (including Pick's disease)

79. **Disease stage that most appropriately describes the patient's symptoms**

- ☐ Early, mild stage as outlined within questions 9-14.
- ☐ Middle, moderate stage as outlined within questions 9-14.
- ☐ Late, severe stage as outlined within questions 9-14.

80. **Accommodation type (majority of the time)**

- ☐ Patient lives in own home
- ☐ Patient lives in family members home for support
- ☐ Patient lives in residential care home
- ☐ Patient lives in nursing home

81. **Patient support 1 (please complete the table below)**

	Not used	Using	Unsure	No support required
Informal carer support (unpaid support usually family members)	☐	☐	☐	☐
Paid companion support	☐	☐	☐	☐
Formal carer support (paid carer support)	☐	☐	☐	☐
Formal nursing support (paid nursing support)	☐	☐	☐	☐

82. **Patient support 2 (please complete the table below)**

	Yes	No	Don't know	Unaware
Is the patient on their GP's dementia register?	☐	☐	☐	☐
Is the carer on their GP's carers' register?	☐	☐	☐	☐
Does the patient attend the Memory Clinic?	☐	☐	☐	☐
Does the patient have a care plan?	☐	☐	☐	☐
Does the patient drive?	☐	☐	☐	☐
Has the community pharmacy team received any communication from the Memory Clinic?	☐	☐	☐	☐

83. **Does the patient exhibit any of the following behavioural and psychological symptoms?**

Shouting	☐ Yes	☐ No	☐ Unsure
Restlessness	☐ Yes	☐ No	☐ Unsure
Self harm	☐ Yes	☐ No	☐ Unsure
Aggression towards others	☐ Yes	☐ No	☐ Unsure

84. **Does the carer know who to contact if they need help due to behavioural or psychological symptoms (eg. aggression)?**

☐ Yes ☐ No ☐ Unsure

85. **Does the carer understand what support networks they can access?**

☐ Yes ☐ No ☐ Unsure

86. **Which of the following support strategies or activities are a part of the patient's routine?**

☐ Meeting friends and family
☐ Hand massage
☐ Engage with music or dancing
☐ Reduce unnecessary clutter
☐ Provide a comfortable sleeping environment
☐ Animal/pet assisted therapy
☐ A structured daily routine
☐ Aroma or light therapy
☐ Reduce unnecessary noise
☐ Provide familiar personal items (eg. toy animal)

87. **Please identify the anti-psychotic drugs that the patient is currently prescribed?**

☐ Amisulpride
☐ Haloperidol
☐ Quetiapine
☐ None
☐ Aripiprazole
☐ Olanzapine
☐ Risperidone

88. **Please identify the acetylcholinesterase inhibitors that the patient is currently prescribed?**

☐ Donepezil
☐ Galantamine
☐ None
☐ Rivastigmine
☐ Memantine

89. **Has the patient experienced any of the following side effects?**

☐ Diarrhoea
☐ Dizziness
☐ Elevated blood pressure
☐ Muscle cramps
☐ Fatigue
☐ Constipation
☐ Headaches
☐ Insomnia

90. **Does the patient have any other co-morbidities that require medication?**

☐ Yes ☐ No ☐ Unknown