"Snapshot" audit of inpatients and day-patients with HIV infection

Please ensure that you have read the [add link] invitation letter [/add link] before completing this questionnaire. If you have any queries about how to do so, then please do not hesitate to contact BHIVA's audit co-ordinator Hilary Curtis, hilary@regordane.net, 020 7624 2148 .

Please include adults with HIV who are acute inpatients or day patients at your hospital/trust on the day you have chosen during the week commencing 00 00 2007, according to the following rules:

- INCLUDE patients in acute inpatient beds, day beds, obstetric beds, psychiatric beds and elective surgery beds whether or not their admission is due to HIV-related disease.
- INCLUDE patients anywhere within your trust whether or not they are under your care UNLESS they are under the care of another centre which also participates in the BHIVA audit programme.
- EXCLUDE patients attending the ward on the day of assessment but not admitted to a bed.
- EXCLUDE patients in non-acute rehabilitation, nursing or long term care beds.
- EXCLUDE patients under the age of 16.

If you have a resume code after previously starting the questionnaire ***for this patient*** and saving your progress, then please scroll down to the bottom of the page and click "Resume progress" to continue from where you left off.

Please remember that your data is not submitted and recorded by BHIVA until you click the "Submit form" button at the bottom of the last page.

Date patient admitted as an inpatient at *this* hospital:
(Please enter date in format dd/mm/yyyy, or click on calendar icon to re-load the page and select date).

Date of admission:

How was patient admitted to this hospital?

- ○ Admitted from community
- ○ Admitted from outpatient or GUM clinic at this hospital
- ○ Admitted from outpatient or GUM clinic elsewhere
- ○ Admitted from A&E
- ○ Transferred as inpatient from another hospital
- ○ Not sure

Patient's sex:

- ○ Male
- ○ Female

Patient's age:

- ○ 16-18
- ○ 19-29
- ○ 30-39
- ○ 40-49
- ○ 50-59
- ○ 60 or over

What was this patient's most recent CD4 count in cells/µl?

- ○ 0-50
- ○ 51-100
- ○ 101-200
- ○ 201-350
- ○ >350
- ○ Measured, but result not available
- ○ Not measured
- ○ Not known whether measured

What was this patient's most recent HIV viral load in copies/ml?

- ○ 0-50
- ○ 51-400
- ○ 401-1000
- ○ 1001-10,000
- ○ 10,001-100,000
- ○ >100,000
- ○ Measured, but result not available
- ○ Not measured
- ○ Not known whether measured

What is/was this patient's status as regards anti-retroviral therapy (ART), on the review day and when initially admitted to hospital?

	On ART	Not on ART	Not sure
On day of review	○	○	○
When initially admitted	○	○	○

What are this patient's primary diagnoses or reason(s) for being in hospital? Please answer this question on the basis of information available *on the day of review* - do not update if diagnosis is subsequently revised.

- ☐ Investigation of symptoms or abnormal findings, not yet diagnosed
- ☐ Extrapulmonary/disseminated TB
- ☐ Other bacterial or viral pneumonia
- ☐ Toxoplasmosis
- ☐ *Other neurological disease
- ☐ Acute hepatitis
- ☐ *Other or multiple acute infections
- ☐ Chronic renal disease
- ☐ Kaposi's sarcoma
- ☐ Anal carcinoma
- ☐ Ischaemic heart disease
- ☐ Diabetes mellitus or hypoglycaemia
- ☐ Drug adverse reaction
- ☐ Other pregnancy/maternity-related condition
- ☐ Psychiatric illness
- ☐ *Undergoing procedure or surgery-related problem
- ☐ Pulmonary TB
- ☐ Pneumocystis pneumonia
- ☐ Cryptococcal disease
- ☐ Encephalopathy or dementia
- ☐ Bacterial sepsis
- ☐ Herpes zoster
- ☐ Chronic liver disease
- ☐ Lymphoma
- ☐ Cervical carcinoma
- ☐ *Other malignancy
- ☐ Pulmonary embolism
- ☐ Asthma
- ☐ Childbirth
- ☐ Drug overdose or deliberate self-harm
- ☐ Accident/injury
- ☐ *Other disease or condition

*If you ticked any of the answers marked with an asterisk, please comment further:

Are the diagnoses you selected above confirmed or suspected?

- ○ All confirmed
- ○ Some unconfirmed/suspected
- ○ Not sure
- ○ Not applicable/no diagnosis

If you selected "investigation of symptoms or abnormal findings, not yet diagnosed", please state main symptoms or findings being investigated (tick all that apply):

- ☐ Fever
- ☐ Chest pain
- ☐ Shortness of breath
- ☐ Cough
- ☐ Abnormal chest X-ray
- ☐ Anaemia
- ☐ Abdominal pain
- ☐ Diarrhoea
- ☐ Nausea/vomiting
- ☐ Weight loss

Other main symptoms or findings, please describe:

If the patient has other significant diagnoses or conditions contributing to this hospital admission in addition to the main reason(s) given above, then please mention these here:

Do you *expect* that this patient's admission will be coded as health resource group (HRG) S10 "Manifestations of HIV/AIDS"?

Click for information

Health resource groups (HRGs) are groups of conditions/diagnoses which determine the tariff hospital trusts are able to charge for inpatient admissions under payment by results. HRG S10 is described as manifestations of HIV/AIDS but is not necessarily the most appropriate HRG code for all HIV-related admissions. Hide

○ Yes, definitely ○ Probably ○ Unlikely ○ Definitely not ○ Don't know

Are there any plans to transfer this patient to another acute hospital?

- ○ Yes, transfer is proceeding on schedule
- ○ Ideally yes, but the patient is too sick to transfer
- ○ Ideally yes, but the transfer is being delayed or is not feasible for other reasons
- ○ No, there is no reason to transfer this patient
- ○ Not sure

Please click on "Next page" to continue.

Alternatively, if you wish to save your work to return to later, please click on "Save progress". You will then be given a resume code which you must retain in order to access the answers you have already entered. If you lose your resume code you will need to start the questionnaire

again from scratch.

If you have a resume code and want to retrieve answers you have already entered, then please click on "Resume progress".

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What type of drug adverse reaction is the patient thought to be suffering from?
NB this question will not appear on the online form unless it is applicable/relevant based on answers to earlier questions.

- ○ Hyperlactataemia/lactic acidosis
- ○ Hepatotoxicity
- ○ Renal toxicity
- ○ Hypersensitivity reaction

Other, please describe: _____

Please state drug(s) responsible, if known: _____

When was the patient diagnosed with HIV infection?

- ○ During current admission at *this* hospital
- ○ During current inpatient spell but at other hospital before transfer to this one
- ○ Less than a week before start of current inpatient spell
- ○ A week to a month before start of current inpatient spell
- ○ 1-3 months before start of current inpatient spell
- ○ More than 3 months before start of current inpatient spell
- ○ Not known

Where is the patient currently located (ie on day of review)? Please tick *the first answer* that applies.

- ○ Intensive therapy unit
- ○ High dependency unit
- ○ Negative pressure room
- ○ Other isolation facility
- ○ Dedicated HIV day bed
- ○ Dedicated HIV inpatient bed
- ○ Other day bed
- ○ Dedicated infectious diseases bed
- ○ Oncology bed
- ○ Obstetric bed
- ○ Psychiatric bed
- ○ Surgical bed
- ○ General medical bed

Other location, please state: _____

Is this the most appropriate location/type of bed for this patient?

- ○ Yes, this is appropriate for the patient's clinical needs
- ○ No, please comment on why this patient is not in the most appropriate location

Please comment here

- ○ Not sure

If appropriate day care facilities were available, could this patient have been suitable to manage as a day case?

○ Yes, possibly ○ No ○ Not sure ○ Not applicable/already being managed as day case

What was the patient's original date of admission at the previous hospital from which s/he was transferred as an inpatient?
(Please enter date in format dd/mm/yyyy, or click on calendar icon to re-load the page and select date. If date not known, leave blank.)
NB this question will not appear on the online form unless it is applicable/relevant based on answers to earlier questions.

Date of original admission:

Why was the patient transferred as an inpatient from another hospital?
NB this question will not appear on the online form unless it is applicable/relevant based on answers to earlier questions.

Please state reason(s), if known.

Why would this patient ideally benefit from being transferred to another hospital?
NB this question will not appear on the online form unless it is applicable/relevant based on answers to earlier questions.

Please state reason here

Why is transfer of this patient to another hospital not feasible or being delayed?
NB this question will not appear on the online form unless it is applicable/relevant based on answers to earlier questions.

Please state reason here

Has the patient required admission to a high dependency or intensive care unit at *any* time during the current inpatient spell?

○ Yes ○ No ○ Not sure

If yes, please comment on reasons:

What is the patient's status as regards fitness for discharge?

○ Needs acute hospital care – not medically fit for discharge

○ Medically fit for discharge and discharge is proceeding normally

○ Medically fit for discharge to rehabilitation/nursing facility, but discharge delayed because no suitable bed available

○ Medically fit for discharge home, but discharge delayed because of immigration status/not legally resident in UK

○ Medically fit for discharge home, but discharge delayed because of lack of community social care

Medically fit for discharge home, but discharge delayed because home circumstances not suitable for other reasons

Not sure

Please state expected date of discharge if known.
Please enter date in format dd/mm/yyyy, or click on calendar icon to re-load the page and select date.

Please add any further comments you wish to make about this hospital admission.

Please comment here

When you have finished please click the "Submit form" button to record your information.

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