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|  |  | **Organizational Identifiers** |  | | |  | |
|  | VAMC  CONTROL  QIC  BEGDTE  REVDTE | Facility ID  Control Number  Abstractor ID  Abstraction Begin Date  Abstraction End Date | Auto-fill  Auto-fill  Auto-fill  Auto-fill  Auto-fill | | |  | |
|  |  | **Patient Identifiers** |  | | |  | |
|  | SSN  PTNAMEF  PTNAMEL  BIRTHDT  SEX  MARISTAT  RACE | Patient SSN  First Name  Last Name  Birth Date  Sex  Marital Status  Race | Auto-fill: no change  Auto-fill: no change  Auto-fill: no change  Auto-fill: no change  Auto-fill: can change  Auto-fill: no change  Auto-fill: no change | | |  | |
| 1 | neurodt | During the timeframe from 01/01/2018 to 12/31/2018, enter the date of the most recent outpatient neurology encounter in which there is documentation of seizure management or discussion of antiepileptic drugs (AEDs). | Mm/dd/yyyy   |  | | --- | | >= 01/01/2018 and <= 12/31/2018 | | | | During the timeframe from 01/01/2018 to 12/31/2018, review outpatient notes at this VAMC for the most recent neurology encounter in which there is documentation of seizure management and/or discussion of antiepileptic drugs (AEDs).  An outpatient neurology encounter may include:   * Face-to-face visit * Telehealth visit * Telephone note * e-Consult   Enter the exact date.  **Exclude** encounters that were for the purpose of procedures only, such as electroencephalograms (EEGs), telephone calls to inform patient of test results.  **Exclude** encounters that were at non-VHA facilities.  **Suggested data sources:** Neurology notes, neurology clinic notes, Seizure clinic notes, neurology telephone notes, tele-video notes | |
| 2 | szmgt | For the neurology encounter on (computer to display neurodt) is there documentation of the patient’s seizure management by a neurology physician/APN/PA?   1. Yes 2. No | 1, 2  If 2, go to aedbrv | | | Documentation of the patient’s seizure (epilepsy) management may include but is not limited to:   * Evaluation of antiepileptic drug (AED) effects * A numerical report of seizure frequency, e.g., 1 seizure per week, 2 seizures in past month, etc. * “Patient is seizure free” * “No change in frequency of seizures” * “Continues to have absence seizures several times a month.” | |
| 3 | sznum | For the neurology encounter on (computer to display neurodt), select the number of seizures within the past year documented by a neurology physician/APN/PA.  1. 0 or no seizures  2. 1 - 5  3. 6 - 10  4. > 10  99. Number of seizures within past year not documented or unable to determine | 1,2,3,4,99  If 1, go to aedbrv | | | Select the option that corresponds with the number of seizures documented within the past year.   * Physicians may use terms such as spells, events, blank stares, episodes to describe seizure activity. * Other descriptions of seizure activity may include but are not limited to: * Generalized tonic-clonic (GTC) (grand mal) seizures * Absence seizures (petit mal) other terms include * Focal seizures (partial seizures) * Any type of seizure activity documented should be counted when determining the number of seizures. * Examples of documentation: * “Patient has had only 1 generalized tonic-clonic seizure (GTC) since last visit”; * “Continues to have 1 - 2 staring spells with loss of consciousness (LOC) 2 or 3 times a week.” * If the exact number is not documented, it may be calculated.   **Examples:**   * 1 - 2 GTC/month x 12 months = 12 - 24 in past year and 5 - 6 spells/month x 12 months = 60 - 72 in past year. Select value “4”. * Provider notes 2 seizures last month without other documentation (no mention of past year). Select value “2”. | |
| 4 | szdt | During the timeframe from (computer to display neurodt - 1 year) to (neurodt), enter the date of the most recent seizure documented by a neurology physician/APN/PA. | mm/dd/yyyy  Abstractor may enter 99/99/9999   |  | | --- | | <= 1year prior to or = neurodt | | | | Enter the exact date if documented. If the exact date is not documented, it may be estimated.  **Example:** If a note is dated 11/16/2018 and indicates the most recent seizure was 2 months ago, enter “09” for the month, 01 for day and 2018 for year. If there is no reference to how long ago the most recent seizure was and the year is known, but not the month or day, enter “07” for month and “15” for the day.  If there is no documentation of when the most recent seizure was and there is no way to estimate, enter 99/99/9999. | |
| 5 | aedbrv | During the timeframe from 1/01/2018 to 12/31/2018, is there documentation the patient was prescribed brivaracetam (Briviact)?  1. Yes  2. No | 1,2  If 2, go to aedclb | | | Brivaracetam (Briviact) is an antiepileptic drug (AED) used for treatment of seizures.  Please review all suggested data sources for prescription of brivaracetam (Briviact) during the specified timeframe.  In order to select “1,” brivaracetam (Briviact) must be listed among the patient’s medications recorded during the specified timeframe or entered in the pharmacy package.   * If there is documentation the drug was prescribed, but also documentation the patient did not start or take the drug, select “2”.   **Suggested data sources:** neurology note, neurology clinic notes, physician orders, pharmacy package | |
| 6 | brvdt1  brvdos1 | During the time frame from 1/01/2016 to 12/31/2018, enter the earliest date brivaracetam (Briviact) was first prescribed and the initial total daily dose.   |  |  |  |  | | --- | --- | --- | --- | | Date (mm/dd/yyyy)   |  | | --- | | >= 1/01/16 and <= 12/31/2018 | | Dose ( \_ \_ \_ \_) mg/day   |  | | --- | | > 0 and <= 600 | | |  |  | | | | | Please review all suggested data sources for the earliest date brivaracetam (Briviact) was first prescribed during the specified timeframe. Enter the exact date and enter the initial total daily dose prescribed. For example, if order states brivaracetam 100 mg bid (twice a day), then total daily dose would be 200 mg/day.   * If the medication was first prescribed during an inpatient admission, use the initial date it was ordered during the admission. * If the medication was first prescribed by a non-VA provider and the date is available, use that date. * If the exact date is not documented, it may be estimated.   **Example:** If a note is dated 11/16/2018 and indicates the medication was prescribed 2 months ago, enter “09” for the month, 01 for day and 2018 for year. If there is no reference to how long ago the medication was prescribed and the year is known, but not the month or day, enter “07” for month and “15” for the day.   * If the date cannot be found, enter the earliest date it was ordered by a VHA provider. * If the medication was discussed during an outpatient encounter, but the medication was not ordered on that date due to documentation the medication was non-formulary and needed prior approval, enter the date the medication was actually ordered. * If the order was to start an initial dose and then titrate up to a specific dose, enter the initial total daily dose that was prescribed. **Example:** Order states: start with 50 mg twice a day for one week; increase to 100 mg twice a day the next week, then enter total daily dose as 100 mg/day.   **Suggested data sources:** neurology note, neurology clinic notes, physician orders, pharmacy package | |
| 7 | sznmpre | During the timeframe from (computer display brvdt1 - 12 months) to (computer display brvdt1), select the number of seizures documented by a neurology physician/APN/PA within the year before starting brivaracetam (Briviact).  1. 0 or no seizures  2. 1 - 5  3. 6 - 10  4. > 10  99. Number of seizures within the year before starting the medication not documented or unable to determine | | | 1,2,3,4,99 | Start reviewing with the most recent encounter prior to the date brivaracetam (Briviact) was first prescribed, and look for documentation of the number of seizures during the year prior to the date entered in BRVDT1.  Select the option that corresponds with the number of seizures documented within the year before starting brivaracetam (Briviact). Includes any type of seizure activity documented, e.g., “Only 1 generalized tonic-clonic (GTC) since last visit”; “Continues to have 1 - 2 staring spells with loss of consciousness (LOC) 2 or 3 times a week.” If the exact number is not documented, it may be calculated.  **Examples:**   * Note states patient has had 1 or 2 GTC seizures a month during the past year and several staring spells weekly. 1 - 2 GTC seizures x 12 months = 12 - 24 seizures in past year as well as multiple staring spells. Select value 4. * Provider notes 2 seizures last month without other documentation (no mention of past year). Select value “2”.   If there is no documentation of the number of seizures in the year prior to starting the medication, select “99”. | |
| 8 | sznmpost | During the timeframe from (computer display brvdt1 +1 day) to (computer display brvdt1 + 12 months), select the number of seizures documented by a neurology physician/APN/PA after starting brivaracetam (Briviact).  1. 0 or no seizures  2. 1 - 5  3. 6 - 10  4. > 10  99. Number of seizures after starting the medication not documented or unable to determine | | | 1,2,3,4,99 | Start reviewing with the first encounter after starting brivaracetam (Briviact) and look for documentation of the number of seizures since starting the medication.   * Select the option that corresponds with the number of seizures documented. Includes any type of seizure activity documented, e.g., “Only 1 generalized tonic-clonic (GTC) since last visit”; “Continues to have 1 - 2 staring spells with loss of consciousness (LOC) 2 or 3 times a week.” * If the exact number is not documented, it may be calculated.   **Examples:**   * Note dated 2 months after starting the medication states patient has had 1 or 2 GTC seizures and 2-3 staring spells weekly. 1 - 2 GTC seizures since starting the medication as well as multiple staring spells weekly equala > 10. Select value “4”. * Provider notes 2 seizures last month without other documentation (no mention of past year). Select value “2”.   If there is no documentation of the number of seizures since starting the medication, select “99”. | |
| 9 | brvchng | During the time frame from (computer to display brvdt1 +1 day to 12/31/2018) is there physician/APN/PA or pharmacist documentation the initial dose of brivaracetam (Briviact) was decreased?   1. Yes 2. No | | | 1,2  If 2, go to brvdc | Please review all suggested data sources for documentation of a decrease in the dose of brivaracetam (Briviact) during the specified timeframe.  **Exclude** tapering down of the dose prior to a procedure or admission to an Epilepsy Monitoring Unit (EMU) for a procedure.  **Suggested data sources:** neurology note, neurology clinic notes, physician orders, pharmacy package | |
| 10 | newbrvdt  newbrvdos  brvrsn1  brvrsn2  brvrsn3 brvrsn4 brvrsn5 brvrsn6 brvrsn7 brvrsn8 brvrsn9 brvrsn10 brvrsn11 brvrsn12 brvrsn13 brvrsn14  brvrsn15 brvrsn16 brvrsn17 brvrsn18 brvrsn19 brvrsn20 brvrsn21 brvrsn22 brvrsn23 brvrsn24 brvrsn25 brvrsn99 | Beginning with the earliest date after (computer to display brvdt1 +1 day), enter each date the brivaracetam (Briviact) dose was decreased, the new total daily dose, and physician/APN/PA or pharmacist documentation of the reason(s).  **May enter multiple dates.**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Date**(mm/dd/yyyy)   |  | | --- | | >brvdt1 and <=12/31/2018 | | **Dose**  (\_ \_ \_ \_)mg/day   |  | | --- | | >0 and <=600 | | **Reason(s)**  If 25, go to brvothrsn  **Select all that apply:** | |  |  | 1. Drowsiness  2. Dizziness  3. Vertigo  4. Unsteadiness  5. Fatigue  6. Diplopia  7. Skin rash  8. Gingival hypertrophy  9. Nausea  10. Vomiting  11. Insomnia  12.Cognitive impairment  13. Irritability  14. Aggression  15. Depression  16. Psychosis  17. Weight gain  18. Weight loss  19. Anorexia  20. Anemia  21. Hyponatremia  22. Edema  23. Birth defects  24. Drug not effective  25. Other  99. No reason documented | |  |  |  | | | | | Please review all suggested data sources for documentation of a decrease in the dose of brivaracetam (Briviact). Then enter the exact date, the new total daily dose prescribed and the documented reason(s) for the change in the dosage. For example, if order states brivaracetam 100 mg bid (twice a day), then total daily dose would be 200 mg/day.  If the reason for decreasing the dose documented in the medical record is not in the list, select value 25.  **Suggested data sources:** neurology note, neurology clinic notes, physician orders, pharmacy package | |
| 11 | brvothrsn | Enter the other reason for the change in dosage documented by the physician/APN/PA or pharmacist.   |  | | --- | |  | | | | Free text | PLEASE enter the exact reason documented in the medical record. | |
| 12 | brvdc | During the time frame from (computer to display brvdt1 + 1 day to 12/31/2018) is there documentation by a physician/APN/PA, or pharmacist that brivaracetam (Briviact) was discontinued?   1. Yes 2. No | | | 1, 2  If 2, go to aedclb | Please review all suggested data sources for documentation that brivaracetam (Briviact) was discontinued during the specified timeframe.  **Suggested data sources:** neurology note, neurology clinic notes, physician orders, pharmacy package | |
| 13 | dcbrvdt | Enter the date brivaracetam (Briviact) was discontinued. | | | mm/dd/yyyy   |  | | --- | | >brvdt1 and <=12/31/2018 | | Enter the exact date brivaracetam (Briviact) was discontinued.   * If the order to discontinue the medication included a titrating off schedule, enter the date the medication was actually to be stopped. **Example:** Titration started 10/15/2018 and was titrated off by 10/31/2018. The date to enter would be 10/31/2018.   **Suggested data sources:** neurology note, neurology clinic notes, physician orders, pharmacy package | |
| 14 | brvdcrsn1  brvdcrsn2  brvdcrsn3  brvdcrsn4  brvdcrsn5  brvdcrsn6  brvdcrsn7  brvdcrsn8  brvdcrsn9  brvdcrsn10  brvdcrsn11  brvdcrsn12  brvdcrsn13  brvdcrsn14  brvdcrsn15  brvdcrsn16  brvdcrsn17  brvdcrsn18  brvdcrsn19  brvdcrsn20  brvdcrsn21  brvdcrsn22  brvdcrsn23  brvdcrsn24  brvdcrsn25  brvdcrsn99 | During the time frame from (computer to display dcbrvdt to stdyend) is there physician/APN/PA or pharmacist documentation of a reason for discontinuing the drug?  **Select all that apply:**  1. Drowsiness  2. Dizziness  3. Vertigo  4. Unsteadiness  5. Fatigue  6. Diplopia  7. Skin rash  8. Gingival hypertrophy  9. Nausea  10. Vomiting  11. Insomnia  12. Cognitive impairment  13. Irritability  14. Aggression  15. Depression  16. Psychosis  17. Weight gain  18. Weight loss  19. Anorexia  20. Anemia  21. Hyponatremia  22. Edema  23. Birth defects  24. Drug not effective  25. Other  99. No reason documented | | | 1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,99  If 25 go to brvothrdc | Please review all suggested data sources for documentation for the reason for discontinuation of this antiepileptic drug during the specified timeframe.  If the reason for discontinuing the medication documented in the medical record is not in the list, select value 25.  **Suggested data sources:** neurology note, neurology clinic notes, physician orders, pharmacy package | |
| 15 | brvothrdc | Enter the other reason for discontinuing the briviacetam (Briviact) documented by the physician/APN/PA or pharmacist.   |  | | --- | |  | | | | Free text | PLEASE enter the exact reason documented in the medical record. | |
| 16 | aedclb | During the timeframe from 1/01/2018 to 12/31/2018, is there documentation the patient was prescribed clobazam (Frisium, Onfi)?  1. Yes  2. No | | | 1,2  If 2, go to aedesl | Please review all suggested data sources for prescription of clobazam (Frisium, Onfi) during the specified timeframe.  In order to select “1,” clobazam (Frisium, Onfi) must be listed among the patient’s medications recorded during the specified timeframe or entered in the pharmacy package.   * If there is documentation the drug was prescribed, but also documentation the patient did not start or take the drug, select “2”.   **Suggested data sources:** neurology note, neurology clinic notes, physician orders, pharmacy package | |
| 17 | clbdt1  clbdos1 | During the time frame from 1/01/2011 to 12/31/2018 enter the earliest date clobazam (Frisium, Onfi) was prescribed and the initial total daily dose.   |  |  |  |  | | --- | --- | --- | --- | | Date (mm/dd/yyyy)   |  | | --- | | >= 1/01/2011 and <= 12/31/2018 | | Dose (\_ \_ \_ \_) mg/day   |  | | --- | | >0 and <=120 | | | | | | Please review all suggested data sources for the earliest date clobazam (Frisium, Onfi) was first prescribed during the specified timeframe. Enter the exact date and enter the initial total daily dose prescribed. For example, if order states clobazam 20 mg bid (twice a day), then total daily dose would be 40 mg/day.   * If the medication was first prescribed during an inpatient admission, use the initial date it was ordered during the admission. * If the medication was first prescribed by a non-VA provider and the date is available, use that date. * If the exact date is not documented, it may be estimated.   **Example:** If a note is dated 11/16/2018 and indicates the medication was prescribed 2 months ago, enter “09” for the month, 01 for day and 2018 for year. If there is no reference to how long ago the medication was prescribed and the year is known, but not the month or day, enter “07” for month and “15” for the day.   * If the date cannot be found, enter the earliest date it was ordered by a VHA provider. * If the medication was discussed during an outpatient encounter, but the medication was not ordered on that date due to documentation the medication was non-formulary and needed prior approval, enter the date the medication was actually ordered. * If the order was to start an initial dose and then titrate up to a specific dose, enter the initial total daily dose that was prescribed. **Example:** Order states: start with 50 mg twice a day for one week; increase to 100 mg twice a day the next week, then enter total daily dose as 100 mg/day.   **Suggested data sources:** neurology note, neurology clinic notes, physician orders, pharmacy package | |
| 18 | sznmpre2 | During the timeframe from (computer display clbdt1 - 12 months) to (computer display clbdt1), select the number of seizures documented by a neurology physician/APN/PA within the year before starting clobazam (Frisium, Onfi).  1. 0 or no seizures  2. 1 - 5  3. 6 - 10  4. > 10  99. Number of seizures within the year before starting the medication not documented or unable to determine | | 1,2,3,4,99 | | Start reviewing with the most recent encounter prior to the date clobazam (Frisium, Onfi) was first prescribed, and look for documentation of the number of seizures prior to the date entered in CLBDT1.  Select the option that corresponds with the number of seizures documented within the year before starting clobazam (Frisium, Onfi). Includes any type of seizure activity documented, e.g., “Only 1 generalized tonic-clonic (GTC) since last visit”; “Continues to have 1 - 2 staring spells with loss of consciousness (LOC) 2 or 3 times a week.” If the exact number is not documented, it may be calculated.  **Example:** Note states patient has had 1 or 2 GTC seizures a month during the year before starting the medication and several staring spells weekly. 1 - 2 GTC seizures x 12 months = 12 - 24 seizures in past year as well as multiple staring spells. Select option 4.  If there is no documentation of the number of seizures in the year prior to starting the medication, select “99”. | |
| 19 | sznmpost2 | During the timeframe from (computer display clbdt1 +1 day) to (computer display clbdt1 + 12 months), select the number of seizures documented by a neurology physician/APN/PA after starting clobazam (Frisium, Onfi).  1. 0 or no seizures  2. 1 - 5  3. 6 - 10  4. > 10  99. Number of seizures after starting the medication not documented or unable to determine | | 1,2,3,4,99 | | Start reviewing with the first encounter after starting clobazam (Frizium, Onfi) and look for documentation of the number of seizures since starting the medication.   * Select the option that corresponds with the number of seizures documented. Includes any type of seizure activity documented, e.g., “Only 1 generalized tonic-clonic (GTC) since last visit”; “Continues to have 1 - 2 staring spells with loss of consciousness (LOC) 2 or 3 times a week.” * If the exact number is not documented, it may be calculated.   **Examples:**   * Note dated 2 months after starting the medication states patient has had 1 or 2 GTC seizures since starting the medication and several staring spells weekly. 1 - 2 GTC seizures as well as multiple staring spells weekly equals > 10. Select value “4”. * Provider notes 2 seizures last month without other documentation (no mention of past year). Select value “2”.   If there is no documentation of the number of seizures since starting the medication, select “99”. | |
| 20 | clbchng | During the time frame from (computer to display clbdt1 +1 day to 12/31/2018) is there physician/APN/PA or pharmacist documentation the initial dose of clobazam (Frisium, Onfi) was decreased?  1.Yes  2.No | | 1,2  If 2, go to clbdc | | Please review all suggested data sources for documentation of a decrease in the dose of clobazam (Frisium, Onfi) during the specified timeframe.  **Exclude** tapering down of the dose prior to a procedure or admission to an Epilepsy Monitoring Unit (EMU) for a procedure.  **Suggested data sources:** neurology note, neurology clinic notes, physician orders, pharmacy package | |
| 21 | newclbdt  newclbdos  clbrsn1  clbrsn2 clbrsn3 clbrsn4 clbrsn5 clbrsn6 clbrsn7  clbrsn8 clbrsn9 clbrsn10 clbrsn11 clbrsn12  clbrsn13  clbrsn14 clbrsn15 clbrsn16 clbrsn17 clbrsn18  clbrsn19 clbrsn20 clbrsn21 clbrsn22 clbrsn23  clbrsn24 clbrsn25 clbrsn99 | Beginning with the earliest date after (computer to display clbdt1 +1 day), enter each date the clobazam (Frisium, Onfi) dose was decreased, the new total daily dose, and physician/APN/PA or pharmacist documentation of the reason(s).  **May enter multiple dates**.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Date**(mm/dd/yyyy)   |  | | --- | | >clbdt1 and <=12/31/18 | | **Dose**  (\_ \_ \_ \_)mg/day   |  | | --- | | >0 and <=120 | | **Reason(s)**  If 25, go to clbothrsn  **Select all that apply:** | |  |  | 1. Drowsiness  2. Dizziness  3. Vertigo  4. Unsteadiness  5. Fatigue  6. Diplopia  7. Skin rash  8. Gingival hypertrophy  9. Nausea  10. Vomiting  11. Insomnia  12.Cognitive impairment  13. Irritability  14. Aggression  15. Depression  16. Psychosis  17. Weight gain  18. Weight loss  19. Anorexia  20. Anemia  21. Hyponatremia  22. Edema  23. Birth defects  24. Drug not effective  25. Other  99. No reason documented | | | | | Please review all suggested data sources for documentation of a decrease in the dose of clobazam (Frisium, Onfi). Then enter the exact date, the new total daily dose prescribed and the documented reason(s) for the change in the dosage. For example, if order states clobazam (Frisium, Onfi) 20 mg bid (twice a day), then total daily dose would be 40 mg/day.  If the reason for decreasing the dose documented in the medical record is not in the list, select value 25.  **Suggested data sources:** neurology note, neurology clinic notes, physician orders, pharmacy package | |
| 22 | clbothrsn | Enter the other reason for the change in dosage documented by the physician/APN/PA or pharmacist.   |  | | --- | |  | | | Free text | | PLEASE enter the exact reason documented in the medical record | |
| 23 | clbdc | During the time frame from (computer to display clbdt1 +1 day to 12/31/18) is there documentation by a physician/APN/PA, or pharmacist that clobazam (Frisium, Onfi) was discontinued?  1.Yes  2.No | | 1,2  If 2, go to aedesl | | Please review all suggested data sources for documentation that clobazam (Frisium, Onfi) was discontinued during the specified timeframe.  **Suggested data sources:** neurology note, neurology clinic notes, physician orders, pharmacy package | |
| 24 | dcclbdt | Enter the date clobazam (Frisium, Onfi) was discontinued. | | mm/dd/yyyy   |  | | --- | | >clbdt1 and <=12/31/2018 | | | Enter the exact date clobazam (Frisium, Onfi) was discontinued.  If the order to discontinue the medication included a titrating off schedule, enter the date the medication was actually to be stopped. **Example:** Titration started 10/15/2018 and was titrated off by 10/31/2018. The date to enter would be 10/31/2018.  **Suggested data sources:** neurology note, neurology clinic notes, physician orders, pharmacy package | |
| 25 | clbdcrsn1  clbdcrsn2  clbdcrsn3  clbdcrsn4  clbdcrsn5  clbdcrsn6  clbdcrsn7  clbdcrsn8  clbdcrsn9  clbdcrsn10  clbdcrsn11  clbdcrsn12  clbdcrsn13  clbdcrsn14  clbdcrsn15  clbdcrsn16  clbdcrsn17  clbdcrsn18  clbdcrsn19  clbdcrsn20  clbdcrsn21  clbdcrsn22  clbdcrsn23  clbdcrsn24  clbdcrsn25  clbdcrsn99 | During the time frame from (computer to display dcclbdt to stdyend) is there physician/APN/PA or pharmacist documentation of a reason for discontinuing the drug?  Select all that apply:  1. Drowsiness  2. Dizziness  3. Vertigo  4. Unsteadiness  5. Fatigue  6. Diplopia  7. Skin rash  8. Gingival hypertrophy  9. Nausea  10. Vomiting  11. Insomnia  12. Cognitive impairment  13. Irritability  14. Aggression  15. Depression  16. Psychosis  17. Weight gain  18. Weight loss  19. Anorexia  20. Anemia  21. Hyponatremia  22. Edema  23. Birth defects  24. Drug not effective  25. Other  99. No reason documented | | 1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,99  If 25 go to clbothrdc | | Please review all suggested data sources for documentation for the reason for discontinuation of this antiepileptic drug during the specified timeframe.  If the reason for discontinuing the drug documented in the medical record is not in the list, select value 25.  **Suggested data sources:** neurology note, neurology clinic notes, physician orders, pharmacy package | |
| 26 | clbothrdc | Enter the other reason for discontinuing the clobazam (Frisium, Onfi) documented by the physician/APN/PA or pharmacist.   |  | | --- | |  | | | Free text | | PLEASE enter the exact reason documented in the medical record | |
| 27 | aedesl | During the timeframe from 1/01/2018 to 12/31/2018, is there documentation the patient was prescribed eslicarbazapine acetate (Aptiom)?  1. Yes  2. No | | 1,2  If 2, go to aedlcm | | Eslicarbazapine acetate (Aptiom) is an antiepileptic drug (AED) used for treatment of seizures.  Please review all suggested data sources for prescription of eslicarbazapine acetate (Aptiom) during the specified timeframe.  In order to select “1,” eslicarbazapine acetate (Aptiom) must be listed among the patient’s medications recorded during the specified timeframe or entered in the pharmacy package.   * If there is documentation the drug was prescribed, but also documentation the patient did not start or take the drug, select “2”.   **Suggested data sources:** neurology note, neurology clinic notes, physician orders, pharmacy package | |
| 28 | esldt1  esldos1 | During the time frame from 1/01/2013 to 12/31/2018 enter the earliest date eslicarbazapine acetate (Aptiom) was first prescribed and the initial total daily dose.   |  |  |  |  | | --- | --- | --- | --- | | Date (mm/dd/yyyy)   |  | | --- | | >= 1/01/2013 and < = 12/31/2018 | | Dose ( \_ \_ \_ \_) mg/day   |  | | --- | | > 0 and <= 4800 | | | | | | Please review all suggested data sources for the earliest date eslicarbazapine acetate (Aptiom) was first prescribed during the specified timeframe. Enter the exact date and enter the initial total daily dose prescribed. For example, if order states eslicarbazapine acetate 400 mg bid (twice a day), then total daily dose would be 800 mg/day.   * If the medication was first prescribed during an inpatient admission, use the initial date it was ordered during the admission. * If the medication was first prescribed by a non-VA provider and the date is available, use that date. * If the exact date is not documented, it may be estimated.   **Example:** If a note is dated 11/16/2018 and indicates the medication was prescribed 2 months ago, enter “09” for the month, 01 for day and 2018 for year. If there is no reference to how long ago the medication was prescribed and the year is known, but not the month or day, enter “07” for month and “15” for the day.   * If the date cannot be found, enter the earliest date it was ordered by a VHA provider. * If the medication was discussed during an outpatient encounter, but the medication was not ordered on that date due to documentation the medication was non-formulary and needed prior approval, enter the date the medication was actually ordered. * If the order was to start an initial dose and then titrate up to a specific dose, enter the initial total daily dose that was prescribed. **Example:** Order states: start with 50 mg twice a day for one week; increase to 100 mg twice a day the next week, then enter total daily dose as 100 mg/day.   **Suggested data sources:** neurology note, neurology clinic notes, physician orders, pharmacy package | |
| 29 | sznmpre3 | During the timeframe from (computer display esldt1 - 12 months) to (computer display esldt1), select the number of seizures documented by the neurology physician/APN/PA within the year before starting eslicarbazapine acetate (Aptiom).  1. 0 or no seizures  2. 1 - 5  3. 6 - 10  4. > 10  99. Number of seizures within the year before starting the medication not documented or unable to determine | | 1,2,3,4, 99 | | Select the option that corresponds with the number of seizures documented within the year before starting eslicarbazapine acetate (Aptiom). Includes any type of seizure activity documented, e.g., “Only 1 generalized tonic-clonic (GTC) since last visit”; “Continues to have 1 - 2 staring spells with loss of consciousness (LOC) 2 or 3 times a week.” If the exact number is not documented, it may be calculated.  **Example:** Note states patient has had 1 or 2 GTC seizures a month during the year before starting the medication and several staring spells weekly. 1 - 2 GTC seizures x 12 months = 12 - 24 seizures in past year as well as multiple staring spells. Select option 4.  If there is no documentation of the number of seizures in the year prior to starting the medication, select “99”. | |
| 30 | sznmpost3 | During the timeframe from (computer display esldt1 +1 day) to (computer display esldt1 + 12 months), select the number of seizures documented by a neurology physician/APN/PA after starting eslicarbazapine acetate (Aptiom).  .  1. 0 or no seizures  2. 1 - 5  3. 6 - 10  4. > 10  99. Number of seizures after starting the medication not documented or unable to determine | | 1,2,3,4,99 | | Start reviewing with the first encounter after starting eslicarbazapine acetate (Aptiom).and look for documentation of the number of seizures since starting the medication.   * Select the option that corresponds with the number of seizures documented. Includes any type of seizure activity documented, e.g., “Only 1 generalized tonic-clonic (GTC) since last visit”; “Continues to have 1 - 2 staring spells with loss of consciousness (LOC) 2 or 3 times a week.” * If the exact number is not documented, it may be calculated.   **Examples:**   * Note dated 2 months after starting the medication states patient has had 1 or 2 GTC seizures since starting the medication and several staring spells weekly. 1 - 2 GTC seizures as well as multiple staring spells weekly equals > 10. Select value “4”. * Provider notes 2 seizures last month without other documentation (no mention of past year). Select value “2”.   If there is no documentation of the number of seizures since starting the medication, select “99”. | |
| 31 | eslchng | During the time frame from (computer to display esldt1 + 1day to 12/31/2018) is there physician/APN/PA or pharmacist documentation the initial dose of eslicarbazapine acetate (Aptiom) was decreased?  1. Yes  2. No | | 1,2  If 2, go to esldc | | Please review all suggested data sources for documentation of a decrease in the dose of eslicarbazapine acetate (Aptiom) during the specified timeframe.  **Exclude** tapering down of the dose prior to a procedure or admission to an Epilepsy Monitoring Unit (EMU) for a procedure.  **Suggested data sources:** neurology note, neurology clinic notes, physician orders, pharmacy package | |
| 32 | newesldt  newesldos  eslrsn1  eslrsn2  eslrsn3  eslrsn4  eslrsn5  eslrsn6  eslrsn7  eslrsn8  eslrsn9  eslrsn10  eslrsn11  eslrsn12  eslrsn13  eslrsn14  eslrsn15  eslrsn16  eslrsn17  eslrsn18  eslrsn19  eslrsn20  eslrsn21  eslrsn22  eslrsn23  eslrsn24  eslrsn25  eslrsn99 | Beginning with the earliest date after (computer to display esldt1 +1 day), enter each date the eslicarbazapine acetate (Aptiom) dose was decreased, the new total daily dose, and physician/APN/PA or pharmacist documentation of the reason(s).  **May enter multiple dates.**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Date**(mm/dd/yyyy)   |  | | --- | | >esldt1 and <=12/31/2018 | | **Dose**  (\_ \_ \_ \_)mg/day   |  | | --- | | >0 and<=4800 | | **Reason(s)**  If 25, go to eslothrsn  **Select all that apply:** | |  |  | 1. Drowsiness  2. Dizziness  3. Vertigo  4. Unsteadiness  5. Fatigue  6. Diplopia  7. Skin rash  8. Gingival hypertrophy  9. Nausea  10. Vomiting  11. Insomnia  12.Cognitive impairment  13. Irritability  14. Aggression  15. Depression  16. Psychosis  17. Weight gain  18. Weight loss  19. Anorexia  20. Anemia  21. Hyponatremia  22. Edema  23. Birth defects  24. Drug not effective  25. Other  99. No reason documented | | | | | | Please review all suggested data sources for documentation of a decrease in the dose of eslicarbazapine acetate (Aptiom). Then enter the exact date, the new total daily dose prescribed and the documented reason(s) for the change in the dosage. For example, if order states eslicarbazapine acetate 800 mg bid (twice a day), then total daily dose would be 1600 mg/day.  If the reason for decreasing the dose documented in the medical record is not in the list, select value 25.  **Suggested data sources:** neurology note, neurology clinic notes, physician orders, pharmacy package |
| 33 | eslothrsn | Enter the other reason for the change in dosage documented by the physician/APN/PA or pharmacist.   |  | | --- | |  | | | Free text | | PLEASE enter the exact reason documented in the medical record. | |
| 34 | esldc | During the time frame from (computer to display esldt1 +1 day to 12/31/18) is there documentation by a physician/APN/PA, or pharmacist that eslicarbazapine acetate (Aptiom) was discontinued?   1. Yes 2. No | | 1,2  If 2, go to aedlcm | | Please review all suggested data sources for documentation that eslicarbazapine acetate (Aptiom) was discontinued during the specified timeframe.  **Suggested data sources:** neurology note, neurology clinic notes, physician orders, pharmacy package | |
| 35 | dcesldt | Enter the date eslicarbazapine acetate (Aptiom) was discontinued | | mm/dd/yyyy   |  | | --- | | >esldt1 and <=12/31/2018 | | | Enter the exact date eslicarbazapine acetate (Aptiom) was discontinued.  If the order to discontinue the medication included a titrating off schedule, enter the date the medication was actually to be stopped. **Example:** Titration started 10/15/2018 and was titrated off by 10/31/2018. The date to enter would be 10/31/2018.  **Suggested data sources:** neurology note, neurology clinic notes, physician orders, pharmacy package | |
| 36 | esldcrsn1  esldcrsn2  esldcrsn3  esldcrsn4  esldcrsn5  esldcrsn6  esldcrsn7  esldcrsn8  esldcrsn9  esldcrsn10  esldcrsn11  esldcrsn12  esldcrsn13  esldcrsn14  esldcrsn15  esldcrsn16  esldcrsn17  esldcrsn18  esldcrsn19  esldcrsn20  esldcrsn21  esldcrsn22  esldcrsn23  esldcrsn24  esldcrsn25  esldcrsn99 | During the time frame from (computer to display dcesldt to stdyend) is there physician/APN/PA or pharmacist documentation of a reason for discontinuing the drug?  **Select all that apply:**  1. Drowsiness  2. Dizziness  3. Vertigo  4. Unsteadiness  5. Fatigue  6. Diplopia  7. Skin rash  8. Gingival hypertrophy  9. Nausea  10. Vomiting  11. Insomnia  12. Cognitive impairment  13. Irritability  14. Aggression  15. Depression  16. Psychosis  17. Weight gain  18. Weight loss  19. Anorexia  20. Anemia  21. Hyponatremia  22. Edema  23. Birth defects  24. Drug not effective  25. Other  99. No reason documented | | 1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,99  If 25 go to eslothrdc | | Please review all suggested data sources for documentation for the reason for discontinuation of this antiepileptic drug during the specified timeframe.  If the reason for discontinuing the drug documented in the medical record is not in the list, select value 25.  **Suggested data sources:** neurology note, neurology clinic notes, physician orders, pharmacy package | |
| 37 | eslothrdc | Enter the other reason for discontinuing the eslicarbazapine acetate (Aptiom) documented by the physician/APN/PA or pharmacist.   |  | | --- | |  | | | Free text | | PLEASE enter the exact reason documented in the medical record | |
| 38 | aedlcm | During the timeframe from 1/01/2018 to 12/31/2018, is there documentation the patient was prescribed lacosamide (Vimpat)?  1. Yes  2. No | | 1,2  If 2, go to aedper | | Please review all suggested data sources for prescription of lacosamide (Vimpat) during the specified timeframe.  In order to select “1,” lacosamide (Vimpat) must be listed among the patient’s medications recorded during the specified timeframe or entered in the pharmacy package.   * If there is documentation the drug was prescribed, but also documentation the patient did not start or take the drug, select “2”.   **Suggested data sources:** neurology note, neurology clinic notes, physician orders, pharmacy package | |
| 39 | lcmdt1  lcmdos1 | During the time from 1/01/2008 to 12/31/2018 enter the earliest date lacosamide, (Vimpat) was prescribed and the initial total daily dose.   |  |  |  |  | | --- | --- | --- | --- | | Date (mm/dd/yyyy)   |  | | --- | | >= 1/01/2008 and <= 12/31/2018 | | Dose (\_ \_ \_ \_) mg/day   |  | | --- | | >0 and <=1200 | | | | | | Please review all suggested data sources for the date of the earliest prescription of lacosamide, (Vimpat) during the specified timeframe. Enter the exact date and enter the initial total daily dose prescribed. For example, if order states lacosamide 200 mg bid (twice a day), then total daily dose would be 400 mg/day.   * If the medication was first prescribed during an inpatient admission, use the initial date it was ordered during the admission. * If the medication was first prescribed by a non-VA provider and the date is available, use that date. * If the exact date is not documented, it may be estimated.   **Example:** If a note is dated 11/16/2018 and indicates the medication was prescribed 2 months ago, enter “09” for the month, 01 for day and 2018 for year. If there is no reference to how long ago the medication was prescribed and the year is known, but not the month or day, enter “07” for month and “15” for the day.   * If the date cannot be found, enter the earliest date it was ordered by a VHA provider. * If the medication was discussed during an outpatient encounter, but the medication was not ordered on that date due to documentation the medication was non-formulary and needed prior approval, enter the date the medication was actually ordered. * If the order was to start an initial dose and then titrate up to a specific dose, enter the initial total daily dose that was prescribed. **Example:** Order states: start with 50 mg twice a day for one week; increase to 100 mg twice a day the next week, then enter total daily dose as 100 mg/day.   **Suggested data sources:** neurology note, neurology clinic notes, physician orders, pharmacy package | |
| 40 | sznmpre4 | During the timeframe from (computer display lcmdt1 - 12 months) to (computer display lcmdt1), select the number of seizures documented by a neurology physician/APN/PA within the year before starting lacosamide (Vimpat).  1. 0 or no seizures  2. 1 - 5  3. 6 - 10  4. > 10  99. Number of seizures within the year before starting the medication not documented or unable to determine | | 1,2,3,4,99 | | Start reviewing with the most recent encounter prior to the date lacosamide (Vimpat) was first prescribed, and look for documentation of the number of seizures during the year prior to the date entered in LCMDT1.  Select the option that corresponds with the number of seizures documented within the year before starting lacosamide (Vimpat). Include any type of seizure activity documented, e.g., “Only 1 generalized tonic-clonic (GTC) since last visit”; “Continues to have 1 - 2 staring spells with loss of consciousness (LOC) 2 or 3 times a week.” If the exact number is not documented, it may be calculated.  **Example:** Note states patient has had 1 or 2 GTC seizures a month during the year before starting the medication and several staring spells weekly. 1 - 2 GTC seizures x 12 months = 12 - 24 seizures in past year as well as multiple staring spells. Select option 4.  If there is no documentation of the number of seizures in the year prior to starting the medication, select “99”. | |
| 41 | sznmpost4 | During the timeframe from (computer display lcmdt1 + 1 day) to (computer display lcmdt1 + 12 months), select the number of seizures documented by a neurology physician/APN/PA after starting lacosamide (Vimpat).  1. 0 or no seizures  2. 1 - 5  3. 6 - 10  4. > 10  99. Number of seizures after starting the medication not documented or unable to determine | | 1,2,3,4,99 | | Start reviewing with the first encounter after starting lacosamide (Vimpat).and look for documentation of the number of seizures since starting the medication.   * Select the option that corresponds with the number of seizures documented. Includes any type of seizure activity documented, e.g., “Only 1 generalized tonic-clonic (GTC) since last visit”; “Continues to have 1 - 2 staring spells with loss of consciousness (LOC) 2 or 3 times a week.” * If the exact number is not documented, it may be calculated.   **Examples:**   * Note dated 2 months after starting the medication states patient has had 1 or 2 GTC seizures since starting the medication and several staring spells weekly. 1 - 2 GTC seizures as well as multiple staring spells weekly equals > 10. Select value “4”. * Provider notes 2 seizures last month without other documentation (no mention of past year). Select value “2”.   If there is no documentation of the number of seizures since starting the medication, select “99”. | |
| 42 | lcmchng | During the time frame from (computer to display lcmdt1 + 1 day to 12/31/2018) is there physician/APN/PA or pharmacist documentation the initial dose of lacosamide (Vimpat) was decreased?   1. Yes 2. No | | 1,2  If 2, go to lcmdc | | Please review all suggested data sources for documentation of a decrease in the dose of lacosamide (Vimpat) during the specified timeframe.  **Exclude** tapering down of the dose prior to a procedure or admission to an Epilepsy Monitoring Unit (EMU) for a procedure.  **Suggested data sources:** neurology note, neurology clinic notes, physician orders, pharmacy package | |
| 43 | newlcmdt  newlcmdos  lcmrsn1  lcmrsn2  lcmrsn3  lcmrsn4  lcmrsn5  lcmrsn6  lcmrsn7  lcmrsn8  lcmrsn9  lcmrsn10 lcmrsn11  lcmrsn12  lcmrsn13  lcmrsn14  lcmrsn15  lcmrsn16  lcmrsn17  lcmrsn18  lcmrsn19  lcmrsn20 lcmrsn21  lcmrsn22  lcmrsn23  lcmrsn24  lcmrsn25  lcmrsn99 | Beginning with the earliest date after (computer to display lcmdt1 + 1day), enter each date the lacosamide (Vimpat) dose was decreased, the new total daily dose, and physician/APN/PA or pharmacist documentation of the reason(s).  **May enter multiple dates.**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Date**(mm/dd/yyyy)   |  | | --- | | >lcmdt1 and <=12/31/2018 | | **Dose**  (\_ \_ \_ \_)mg/day   |  | | --- | | >0 and<=1200 | | **Reason(s)**  If 25, go to lcmothrsn  **Select all that apply:** | |  |  | 1. Drowsiness  2. Dizziness  3. Vertigo  4. Unsteadiness  5. Fatigue  6. Diplopia  7. Skin rash  8. Gingival hypertrophy  9. Nausea  10. Vomiting  11. Insomnia  12.Cognitive impairment  13. Irritability  14. Aggression  15. Depression  16. Psychosis  17. Weight gain  18. Weight loss  19. Anorexia  20. Anemia  21. Hyponatremia  22. Edema  23. Birth defects  24. Drug not effective  25. Other  99. No reason documented | | | | | Please review all suggested data sources for documentation of a decrease in the dose of lacosamide (Vimpat). Then enter the exact date, the new total daily dose prescribed and the documented reason(s) for the change in the dosage. For example, if order states lacosamide 200 mg bid (twice a day), then total daily dose would be 400 mg/day.  If the reason for decreasing the dose documented in the medical record is not in the list, select value 25.  **Suggested data sources:** neurology note, neurology clinic notes, physician orders, pharmacy package | |
| 44 | lcmothrsn | Enter the other reason for the change in dosage documented by the physician/APN/PA or pharmacist. | | Free text | | PLEASE enter the exact reason documented in the medical record | |
| 45 | lcmdc | During the time frame from (computer to display lcmdt1 + 1 day to 12/31/2018) is there documentation by a physician/APN/PA, or pharmacist that lacosamide (Vimpat) was discontinued?   1. Yes 2. No | | 1,2  If 2, go to aedper | | Please review all suggested data sources for documentation that lacosamide (Vimpat) was discontinued during the specified timeframe.  **Suggested data sources:** neurology note, neurology clinic notes, physician orders, pharmacy package | |
| 46 | dclcmdt | Enter the date lacosamide (Vimpat) was discontinued | | mm/dd/yyyy   |  | | --- | | >lcmdt1 and <=12/31/2018 | | | Enter the exact date lacosamide (Vimpat) was discontinued.  If the order to discontinue the medication included a titrating off schedule, enter the date the medication was actually to be stopped. **Example:** Titration started 10/15/2018 and was titrated off by 10/31/2018. The date to enter would be 10/31/2018.  **Suggested data sources:** neurology note, neurology clinic notes, physician orders, pharmacy package | |
| 47 | lcmdcrsn1  lcmdcrsn2  lcmdcrsn3  lcmdcrsn4  lcmdcrsn5  lcmdcrsn6  lcmdcrsn7  lcmdcrsn8  lcmdcrsn9  lcmdcrsn10  lcmdcrsn11  lcmdcrsn12  lcmdcrsn13  lcmdcrsn14  lcmdcrsn15  lcmdcrsn16  lcmdcrsn17  lcmdcrsn18  lcmdcrsn19  lcmdcrsn20  lcmdcrsn21  lcmdcrsn22  lcmdcrsn23  lcmdcrsn24  lcmdcrsn25  lcmdcrsn99 | During the time frame from (computer to display dclcmdt to stdyend) is there physician/APN/PA or pharmacist documentation of a reason for discontinuing the drug?  **Select all that apply:**  1. Drowsiness  2. Dizziness  3. Vertigo  4. Unsteadiness  5. Fatigue  6. Diplopia  7. Skin rash  8. Gingival hypertrophy  9. Nausea  10. Vomiting  11. Insomnia  12. Cognitive impairment  13. Irritability  14. Aggression  15. Depression  16. Psychosis  17. Weight gain  18. Weight loss  19. Anorexia  20. Anemia  21. Hyponatremia  22. Edema  23. Birth defects  24. Drug not effective  25. Other  99. No reason documented | | 1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,99  If 25 go to lcmothrdc | | Please review all suggested data sources for documentation for the reason for discontinuation of this antiepileptic drug during the specified timeframe.  If the reason for discontinuing the drug documented in the medical record is not in the list, select value 25.  **Suggested data sources:** neurology note, neurology clinic notes, physician orders, pharmacy package | |
| 48 | lcmothrdc | Enter the other reason for discontinuing the lacosamide (Vimpat) documented by the physician/APN/PA or pharmacist.   |  | | --- | |  | | | Free text | | PLEASE enter the exact reason documented in the medical record | |
| 49 | aedper | During the timeframe from 1/01/2018 to 12/31/2018, is there documentation the patient was prescribed perampanel (Fycompa)?  1. Yes  2. No | | 1,2  If 2, go to end | | Please review all suggested data sources for prescription of perampanel (Fycompa) during the specified timeframe.  In order to select “1,” perampanel (Fycompa) must be listed among the patient’s medications recorded during the specified timeframe or entered in the pharmacy package.   * If there is documentation the drug was prescribed, but also documentation the patient did not start or take the drug, select “2”.   **Suggested data sources:** neurology note, neurology clinic notes, physician orders, pharmacy package | |
| 50 | perdt1  perdos1 | During the time frame from 1/01/2012 to 12/31/2018 enter the earliest date perampanel (Fycompa) was prescribed and the initial total daily dose.   |  |  |  |  | | --- | --- | --- | --- | | Date (mm/dd/yyyy)   |  | | --- | | >=1/01/2012 and <= 12/31/2018 | | Dose (\_ \_ \_ \_) mg/day   |  | | --- | | >0 and <=36 | | | | | | Please review all suggested data sources for the date of the earliest prescription of perampanel (Fycompa) during the specified timeframe. Enter the exact date and enter the initial total daily dose prescribed. For example, if order states perampanel 4 mg bid (twice a day), then total daily dose would be 8 mg/day.   * If the medication was first prescribed during an inpatient admission, use the initial date it was ordered during the admission. * If the medication was first prescribed by a non-VA provider and the date is available, use that date. * If the exact date is not documented, it may be estimated.   **Example:** If a note is dated 11/16/2018 and indicates the medication was prescribed 2 months ago, enter “09” for the month, 01 for day and 2018 for year. If there is no reference to how long ago the medication was prescribed and the year is known, but not the month or day, enter “07” for month and “15” for the day.   * If the date cannot be found, enter the earliest date it was ordered by a VHA provider. * If the medication was discussed during an outpatient encounter, but the medication was not ordered on that date due to documentation the medication was non-formulary and needed prior approval, enter the date the medication was actually ordered. * If the order was to start an initial dose and then titrate up to a specific dose, enter the initial total daily dose that was prescribed. **Example:** Order states: start with 50 mg twice a day for one week; increase to 100 mg twice a day the next week, then enter total daily dose as 100 mg/day.   **Suggested data sources:** neurology note, neurology clinic notes, physician orders, pharmacy package | |
| 51 | sznmpre5 | During the timeframe from (computer display perdt1 - 12 months) to (computer display perdt1), select the number of seizures documented by a neurology physician/APN/PA within the year before starting perampanel (Fycompa).  1. 0 or no seizures  2. 1 - 5  3. 6 - 10  4. > 10  99. Number of seizures within the year before starting the medication not documented or unable to determine | | 1,2,3,4,99 | | Start reviewing with the most recent encounter prior to the date perampanel (Fycompa) was first prescribed, and look for documentation of the number of seizures during the year prior to the date entered in PERDT1.  Select the option that corresponds with the number of seizures documented within the year before starting perampanel (Fycoma). Include any type of seizure activity documented, e.g., “Only 1 generalized tonic-clonic (GTC) since last visit”; “Continues to have 1 - 2 staring spells with loss of consciousness (LOC) 2 or 3 times a week.” If the exact number is not documented, it may be calculated.  **Example:** Note states patient has had 1 or 2 GTC seizures a month during the year before starting the medication and several staring spells weekly. 1 - 2 GTC seizures x 12 months = 12 - 24 seizures in past year as well as multiple staring spells. Select option 4.  If there is no documentation of the number of seizures in the year prior to starting the medication, select “99”. | |
| 52 | sznmpost5 | During the timeframe from (computer display perdt1 + 1 day) to (computer display perdt1 + 12 months), select the number of seizures documented by a neurology physician/APN/PA after starting perampanel (Fycompa).  1. 0 or no seizures  2. 1 - 5  3. 6 - 10  4. > 10  99. Number of seizures after starting the medication not documented or unable to determine | | 1,2,3,4,99 | | Start reviewing with the first encounter after starting perampanel (Fycompa).and look for documentation of the number of seizures since starting the medication.   * Select the option that corresponds with the number of seizures documented. Includes any type of seizure activity documented, e.g., “Only 1 generalized tonic-clonic (GTC) since last visit”; “Continues to have 1 - 2 staring spells with loss of consciousness (LOC) 2 or 3 times a week.” * If the exact number is not documented, it may be calculated.   **Example:**   * Note dated 2 months after starting the medication states patient has had 1 or 2 GTC seizures since starting the medication and several staring spells weekly. 1 - 2 GTC seizures as well as multiple staring spells weekly equals > 10. Select value “4”. * Provider notes 2 seizures last month without other documentation (no mention of past year). Select value “2”.   If there is no documentation of the number of seizures since starting the medication, select “99”. | |
| 53 | perchng | During the time frame from (computer to display perdt1 + 1 day to 12/31/2018) is there physician/APN/PA or pharmacist documentation the initial dose of perampanel (Fycompa) was decreased?   1. Yes 2. No | | 1,2  If 2, go to perdc | | Please review all suggested data sources for documentation of a decrease in the dose of perampanel (Fycompa) during the specified timeframe.  **Exclude** tapering down of the dose prior to a procedure or admission to an Epilepsy Monitoring Unit (EMU) for a procedure.  **Suggested data sources:** neurology note, neurology clinic notes, physician orders, pharmacy package | |
| 54 | newperdt  newperdos  perrsn1 perrsn2 perrsn3 perrsn4 perrsn5 perrsn6 perrsn7 perrsn8 perrsn9 perrsn10 perrsn11 perrsn12 perrsn13 perrsn14 perrsn15 perrsn16 perrsn17 perrsn18 perrsn19 perrsn20 perrsn21 perrsn22 perrsn23 perrsn24 perrsn25  perrsn99 | Beginning with the earliest date after (computer to display perdt1 + 1 day), enter each date the perampanel (Fycompa) dose was decreased, the new total daily dose, and physician/APN/PA or pharmacist documentation of the reason(s).  **May enter multiple dates.**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Date**(mm/dd/yyyy)   |  | | --- | | >perdt1 and <=12/31/2018 | | **Dose**  (\_ \_ \_ \_)mg/day   |  | | --- | | >0 and<=36 | | **Reason(s)**  If 25, go to perothrsn  **Select all that apply:** | |  |  | 1. Drowsiness  2. Dizziness  3. Vertigo  4. Unsteadiness  5. Fatigue  6. Diplopia  7. Skin rash  8. Gingival hypertrophy  9. Nausea  10. Vomiting  11. Insomnia  12.Cognitive impairment  13. Irritability  14. Aggression  15. Depression  16. Psychosis  17. Weight gain  18. Weight loss  19. Anorexia  20. Anemia  21. Hyponatremia  22. Edema  23. Birth defects  24. Drug not effective  25. Other  99. No reason documented | | | | | Please review all suggested data sources for documentation of a decrease in the dose of perampanel (Fycompa). Then enter the exact date, the new total daily dose prescribed and the documented reason(s) for the change in the dosage. For example, if order states perampanel 6 mg bid (twice a day), then total daily dose would be 12 mg/day.  If the reason for decreasing the dose documented in the medical record is not in the list, select value 25.  **Suggested data sources:** neurology note, neurology clinic notes, physician orders, pharmacy package | |
| 55 | perothrsn | Enter the other reason for the change in dosage documented by the physician/APN/PA or pharmacist.   |  | | --- | |  | | | Free text | | PLEASE enter the exact reason documented in the medical record. | |
| 56 | perdc | During the time frame from (computer to display perdt1 + 1 day to 12/31/2018) is there documentation by a physician/APN/PA, or pharmacist that perampanel (Fycompa) was discontinued?   1. Yes 2. No | | 1,2  If 2, go to end | | Please review all suggested data sources for documentation that perampanel (Fycompa) was discontinued during the specified timeframe.  **Suggested data sources:** neurology note, neurology clinic notes, physician orders, pharmacy package | |
| 57 | dcperdt | Enter the date perampanel (Fycompa) was discontinued | | mm/dd/yyyy   |  | | --- | | >perdt1 and <=12/31/2018 | | | Enter the exact date perampanel (Fycompa) was discontinued.  If the order to discontinue the medication included a titrating off schedule, enter the date the medication was actually to be stopped. **Example:** Titration started 10/15/2018 and was titrated off by 10/31/2018. The date to enter would be 10/31/2018.  **Suggested data sources:** neurology note, neurology clinic notes, physician orders, pharmacy package | |
| 58 | perdcrsn1  perdcrsn2  perdcrsn3  perdcrsn4  perdcrsn5  perdcrsn6  perdcrsn7  perdcrsn8  perdcrsn9  perdcrsn10  perdcrsn11  perdcrsn12  perdcrsn13  perdcrsn14  perdcrsn15  perdcrsn16  perdcrsn17  perdcrsn18  perdcrsn19  perdcrsn20  perdcrsn21  perdcrsn22  perdcrsn23  perdcrsn24  perdcrsn25  perdcrsn99 | During the time frame from (computer to display dcperdt to stdyend) is there physician/APN/PA or pharmacist documentation of a reason for discontinuing the drug?  **Select all that apply:**  1. Drowsiness  2. Dizziness  3. Vertigo  4. Unsteadiness  5. Fatigue  6. Diplopia  7. Skin rash  8. Gingival hypertrophy  9. Nausea  10. Vomiting  11. Insomnia  12. Cognitive impairment  13. Irritability  14. Aggression  15. Depression  16. Psychosis  17. Weight gain  18. Weight loss  19. Anorexia  20. Anemia  21. Hyponatremia  22. Edema  23. Birth defects  24. Drug not effective  25. Other  99. No reason documented | | 1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,99  If 25 go to perothrdc | | Please review all suggested data sources for documentation for the reason for discontinuation of this antiepileptic drug during the specified timeframe.  If the reason for discontinuing the drug documented in the medical record is not in the list, select value 25.  **Suggested data sources:** neurology note, neurology clinic notes, physician orders, pharmacy package | |
| 59 | perothrdc | Enter the other reason for discontinuing the perampanel (Fycompa) documented by the physician/APN/PA or pharmacist.   |  | | --- | |  | | | Free text | | PLEASE enter the exact reason documented in the medical record | |