

ABCD Closed-Loop Audit: Follow-up Form



In addition to this form please complete the baseline form if needed.

Name						Patient identifiable information in this section will not need to be entered into the tool, the previous encrypted baseline entry is stored and can be found using the search function and a new visit created	
NHS Number							
Date of Birth (DD/MM/YY): / /							
Height m		OR	ft/in		Weight kg		OR

Date completed			Reasons for stopping				
Is the patient still using a commercial closed-loop?							
Yes	No	complete box if "No" →					
Current insulin in use?			Current closed-loop system? <i>Please note, if changed to DIY system different options will be presented in the tool</i>				
Novorapid	Fiasp						
Humalog	Lyumjev		Medtronic 670G	Medtronic 780G	Tandem Control IQ		
Apidra	Other		CAMP APS FX	Medtrum	Other		

Healthcare utilisation (since commencing closed-loop if first visit, otherwise since previous review)

	Hyperglycaemia/DKA	Hypoglycaemia	Other (diabetes)	Other				
No of hospital admissions								
Dates								
No of paramedic callouts (not resulting in admission)								
Dates								
Number of hypoglycaemic episodes requiring third party assistance but not paramedic call outs:								
Number	Don't know	Dates						
Has this person had updated retinopathy results since last review?	No	Yes	→ if yes, complete below					
No retinopathy on most recent review								
Is the patient under Ophthalmology care?	Yes	No						
If yes, please comment on current degree of retinopathy								
If NHS eye screening programme grading known, please complete the following								
Left:	R0	R1	R2	R3	M0	M1		
Right:	R0	R1	R2	R3	M0	M1	Date of screen	(approx. date if not sure)
Any other adverse events? This should include any incidents of failed devices, issues with the personal diabetes manager, worsening of complications								

Gold Score ADULT USERS ONLY

Ask the person: Do you know when your hypos are commencing? 1 = always, 7 = never

1	2	3	4	5	6	7
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HbA1c (for the 12 months prior to commencing closed-loop)
 Note: must have lab HbA1c within 3 months of commencing closed-loop

Dates	Values (mmol/mol)
Lab	
HbA1c	

Glucose management indicator (14 days)

Glucose data from CGM (14 days)

Time >13.9mmol/L %

Time in range % (3.9-10mmol/L)

Time below range % (<3.9mmol/L)

Time <3mmol/L %

Coefficient of variation

User/Caregiver opinion of closed-loop

Would they recommend closed-loop to other people with diabetes?

Not recommend at all								Recommend extremely highly
1	2	3	4	5	6	7		

What Impact would they rate closed-loop has had on their quality of life?

Extremely negative impact							Extremely positive impact
1	2	3	4	5	6	7	

Diabetes distress scale (prior to closed-loop, DO NOT enter recollected information, only record if previously documented or this form is being completed before commencement) **ADULT USERS ONLY**

Question	Not a problem	A slight problem	A moderate problem	A somewhat serious problem	A serious problem	A very serious problem
1. Feeling overwhelmed by the demands of living with diabetes	1	2	3	4	5	6
2. Feeling that I am failing with my diabetes routine	1	2	3	4	5	6

Healthcare professional comments

This box can be used for any additional comments. Particularly, in paediatric users, it might be appropriate to comment on concerns around quality of life or hypoglycaemia awareness no assessed using the above if collected during routine clinical practice. Do not enter patient identifiable information in this box.

User/Caregiver comments Do not enter patient identifiable information in this box.