

Patient details

1.01 Audit Reference (K)	1.02A Year of Birth (M)	1.02B Month of Birth (M)
1.03 Gender (Sex) (K)	1.04 Nursing home resident (M)	Hospital code (e.g: TAL) (K)
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	_ _ _ _

Admission

1.05 Admitted to hospital	1.06 Date of FLS assessment (K)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Already an inpatient - fall on ward <input type="checkbox"/> Already an inpatient - late diagnosis of fracture <input type="checkbox"/> Unknown	_ _ / _ _ / _ _ _ _
	1.07 Date current fracture diagnosed (M)
	_ _ / _ _ / _ _ _ _
1.08 Site of current fracture (M)	1.09 Site of any concurrent fracture
<input type="checkbox"/> Spine <input type="checkbox"/> Forearm <input type="checkbox"/> Humerus <input type="checkbox"/> Lower Limb (Non-Hip) <input type="checkbox"/> Other	<input type="checkbox"/> Spine <input type="checkbox"/> Forearm <input type="checkbox"/> Humerus <input type="checkbox"/> Lower Limb (Non-Hip) <input type="checkbox"/> Other

Risks

2.01 Previous fragility fracture	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.02 Current or regular oral or iv steroids	2.06 Current osteoporosis medication
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> On Drug Holiday <input type="checkbox"/> Unknown <input type="checkbox"/> Alendronate <input type="checkbox"/> Risedronate <input type="checkbox"/> Ibandronate <input type="checkbox"/> Zoledronate <input type="checkbox"/> Etidronate <input type="checkbox"/> Denosumab <input type="checkbox"/> Teriparatide <input type="checkbox"/> Raloxifene <input type="checkbox"/> Systemic Oestrogen/HRT <input type="checkbox"/> Calcitriol <input type="checkbox"/> Alfacalcidol
2.03 Alcohol excess	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Previous excess <input type="checkbox"/> Unknown	
2.04 Current smoker	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.05 Secondary causes of increased fracture risk or osteoporosis	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

DXA

3.01 DXA request	3.02 Date of DXA
<input type="checkbox"/> Yes - ordered by FLS <input type="checkbox"/> Yes - ordered by FLS but patient did not attend <input type="checkbox"/> Yes - recommended GP to order DXA <input type="checkbox"/> No - done in last 24 months <input type="checkbox"/> No - deemed not necessary	_ _ / _ _ / _ _ _ _
	3.03 FRAX used in treatment decision
	<input type="checkbox"/> Yes <input type="checkbox"/> No

Drug treatment

4.01 Bone therapy recommended		(M)
<input type="checkbox"/> Inappropriate <input type="checkbox"/> Unknown <input type="checkbox"/> Patient declined <input type="checkbox"/> Referred to GP to decide prescription <input type="checkbox"/> Referred for specialist opinion <i>Otherwise, select one or more therapies from this list (tick all that apply)...</i>	<input type="checkbox"/> Alendronate <input type="checkbox"/> Risedronate <input type="checkbox"/> Ibandronate <input type="checkbox"/> Zoledronate <input type="checkbox"/> Etidronate <input type="checkbox"/> Denosumab <input type="checkbox"/> Teriparatide	<input type="checkbox"/> Raloxifene <input type="checkbox"/> Systemic Oestrogen <input type="checkbox"/> Romosozumab <input type="checkbox"/> Abaloparatide <input type="checkbox"/> Calcitriol <input type="checkbox"/> Alfacalcidol
4.02 Prescription		
<input type="checkbox"/> FLS prescribed <input type="checkbox"/> FLS asked GP or Specialist to prescribe <input type="checkbox"/> Inappropriate		

Fall assessments

5.01 Risk assessment performed		
<input type="checkbox"/> Yes <input type="checkbox"/> No - Not assessed or referred <input type="checkbox"/> No - Referred to dedicated falls service <input type="checkbox"/> No - Asked GP to assess or refer <input type="checkbox"/> No - Currently under falls service <input type="checkbox"/> No - Patient declined assessment/referral <i>If falls risk is 'Yes', complete questions 5.02 to 5.10...</i>		
5.02 History suggestive of syncope/blackout		5.03 Fear of falling
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not recorded	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not recorded	
5.04 Taking medications linked with falls risk, pre-fracture		5.05 Gait or balance impairment pre fracture
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not recorded	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not recorded	
5.06 Vision		5.07 Continence/urinary problems
<input type="checkbox"/> Abnormal <input type="checkbox"/> Normal <input type="checkbox"/> Not recorded	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not recorded	
5.08 Cognitive impairment		5.09 Orthostatic BP drop
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not recorded	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not recorded	
5.10 Strength and Balance		5.11 Other referrals
<input type="checkbox"/> Yes - Referred by FLS to physiotherapist <input type="checkbox"/> Yes - Referred by FLS directly to exercise class <input type="checkbox"/> Yes - Advised patient to self refer <input type="checkbox"/> No - Left with GP or Falls service to decide <input type="checkbox"/> No - Not necessary <input type="checkbox"/> No - Patient declined <input type="checkbox"/> No - Service unavailable <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes - Referred by FLS to one or more services <input type="checkbox"/> No - Advised patient to self-refer <input type="checkbox"/> No - Left with GP or Falls service to decide <input type="checkbox"/> No - Not necessary <input type="checkbox"/> No - Patient declined <input type="checkbox"/> Unknown	

Follow up at 4 months (16 weeks)

6.01 Followed up 4 months	6.02 Bone protection therapy started
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncontactable <input type="checkbox"/> Contacted but declined <input type="checkbox"/> Patient dead	<input type="checkbox"/> Not started <input type="checkbox"/> Taking recommended bone therapy <input type="checkbox"/> Switched to another bone therapy <input type="checkbox"/> No longer clinically appropriate <input type="checkbox"/> Patient declined <input type="checkbox"/> Unknown
6.03 Started strength and balance exercise	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Not appropriate <input type="checkbox"/> Informed decline	

Follow up at 12 months (52 weeks)

7.01 Followed up 12 months	7.02 Patient adherence to prescribed drug
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncontactable <input type="checkbox"/> Contacted but declined <input type="checkbox"/> Patient dead	<input type="checkbox"/> Not started <input type="checkbox"/> Taking recommended bone therapy <input type="checkbox"/> Switched to another bone therapy <input type="checkbox"/> No longer clinically appropriate <input type="checkbox"/> Patient declined <input type="checkbox"/> Unknown
7.03 Continuing strength & balance	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Dataset notes

Inclusion criteria:

All FLS patients aged 50 and over should be included.

K = Key field. Key fields uniquely identify each record. If missing or invalid data is entered, the record will be rejected.

M = Mandatory field. If missing or invalid data is entered, the record will remain in **draft** form.

All data must be submitted electronically.

Users wishing to import data should refer to the import notes and specifications available on the FLS website.

Thank you for your continuing support of the RCSI Fracture Liaison Services Database.