Database (REDCap) Cheat Sheet

1. **Database website**: https://redcap.ualberta.ca/

2. **Database materials**: will be posted to https://www.epicore.ualberta.ca/home/rxoutmap/

3. **Database navigation**
    The navigation panel on the upper left of the screen is how you get around.
    a. Record status dashboard – table of all existing records (patients) for your store as well as available data entry forms.
    b. Add/edit records – where a new patient can be entered (click "add new record"). You can also search for existing patients from this page.
    c. Scheduling – where you can schedule a follow-up. This could be helpful to keep track of follow-up dates. Click on the drop-down for "choose existing unscheduled", select the patient that you wish to schedule, and then click "generate schedule". From there select the date for the follow-up that you wish to schedule (2 week or other) and then "x" off the rest. Then click "create schedule" to schedule it. It will now appear in the calendar and upcoming calendar events of the project home page.
    d. Calendar – if using the scheduling function, scheduled follow-ups can be found here. You can view the calendar by day, week, month, or agenda. If you click on the event in the calendar, it will bring up more details and a link that can be clicked to take you directly to the form. For example, if a 2 week follow-up was scheduled, when you click on the event on the calendar it will bring up a "view/edit calendar event" screen; from that you can click on "two week follow up" under data entry forms on the right of the view/edit window, which will take you right into the form for this patient. If you are using the calendar/scheduling functionality, it would be a good idea to open the calendar daily or at least weekly and either print or make note of scheduled follow-ups that are due.
    e. Study ID [#] – when in a patient record, click this button to take you to the record home page, which lists all of the forms for that patient. If you, for example, want to navigate from the baseline form to the urine culture form or vice versa, you would click on "Study ID [#]" in the navigation panel and then click on the appropriate form that you wish to switch to.

4. **Patient info and consent forms** – should be completed prior to screening/assessment. The patient info form goes with the patient. Completed consent forms are to be locked in the pharmacy until study end, at which point they are to be sent to the office of Dr. Dan Smyth. Links to printable pdfs of these forms are available in the baseline form and will also be posted to the website for "database materials" at the link for this above.

5. **Baseline form** – Study ID number, unique to your study site, is automatically assigned. Enter information requested. Information about certain sections of this form is highlighted below:
    a. Patient email address - Patient's email address is necessary to send the patient satisfaction survey, which will automatically be sent. On the rare occurrence that the patient does not have an email address, email Glennora Dowding at the EPICORE Centre at glennora.dowding@ualberta.ca with the patient's Name, Study ID #, Mailing address, and Postal code, as well as the name of your store. A paper survey with pre-paid postage will then be mailed to the patient.
    b. Height and actual body weight – from these, ideal body weight and dosing weight will be

automatically calculated. If a serum creatinine is entered later, these will be used to calculate a creatinine clearance (and a normalized creatinine clearance) for you.

c. Symptoms – check all that apply. If dysuria is present and vaginal discharge/odour, pruritis, or painful intercourse are present, especially in the absence of urinary frequency or urgency, vaginitis becomes more likely.

d. Sulfamethoxazole-trimethoprim – if entering this somewhere and not using a pre-set value for dosing, then dosing is based on the trimethoprim component (i.e. 160mg for a DS tablet).

e. Completing form – mark form as complete if you do not need to flag it to come back to and click "Save & Exit form". Failing to save the form will result in the form not being submitted and data potentially being lost. Clicking "save & exit" will also prompt the documentation ("report") form to be updated.

6. **Urine culture form** – if filling this in after baseline or a follow-up form is done, will need to save and exit this form and go back into the applicable form and click "save & exit" so that the urine cultures will show up on the documentation (report) form. To avoid needing to do this extra step, fill in the urine culture form before its corresponding baseline or follow-up form. If the form is complete, mark it as "complete" at the bottom. If there are results pending or bacterial growth but sensitivities are still pending, leave the form status as either "incomplete" or "unverified" and save and exit to flag it to come back to later once the results are available.

7. **Two week follow up form** – this form is of utmost importance to complete, as the most of the study outcomes will be derived from this. It can be completed by an in-person visit with the patient or over the phone.

8. **Other follow up form** – to be completed for follow-ups outside of the official 2 week follow-up. If the regimen was modified at the 2-week follow-up, an "other follow-up" should be scheduled after that one.

9. **Early withdrawal form** – this form is to be completed if any of the following occur: the patient withdraws consent, the patient is lost to follow up (unable to contact after at least 3 attempts), or some other reason, such as the patient passed away.

10. **Reports** – a documentation note can be generated here by copying the links in these boxes and opening them in the web browser. If something needs to be updated in these forms, you need to click "save & exit" in the respective form (i.e. data collection section) and then go back to the form to update it. These should be sent to the physician after every assessment and can also be used for store records (for example, scanned and linked to their profile on your informatics system). They should also be signed by the pharmacist who completed it after printing.

11. **Questions** – can email or phone Nathan. Email preferred. If urgent, can either try the phone (office hours typically 1030hrs – 1830hrs Atlantic time) OR email with "URGENT" in the subject line and a brief discussion of the issue and the phone number I can reach you at in the email body.
nathan.beahm@ualberta.ca ; 780-492-3454 or 306-291-1144.