

## SK CDM-QIP Coronary Artery Disease Flow Sheet

<b>CAD History and Interventions:</b> <input type="checkbox"/> MI or ACS date _____ <input type="checkbox"/> Angina date _____ <input type="checkbox"/> PCI/Angioplasty + stent date _____ <input type="checkbox"/> PCI only date _____ <input type="checkbox"/> CABG date _____		<b>Patient Name:</b> <b>Date of Birth:</b> <b>HSN:</b>																													
<b>CV Comorbidities:</b> <input type="checkbox"/> Hypertension <input type="checkbox"/> AF <input type="checkbox"/> Cardiomyopathy <input type="checkbox"/> Valvular heart <input type="checkbox"/> PAD <input type="checkbox"/> CVA <input type="checkbox"/> Other																															
<b>Other Comorbidities:</b> <input type="checkbox"/> Diabetes <input type="checkbox"/> Dyslipidemia <input type="checkbox"/> CKD stage _____ <input type="checkbox"/> OSA <input type="checkbox"/> Prediabetes <input type="checkbox"/> Mental Health Condition																															
		<b>Date:</b>	<b>Date:</b>	<b>Date:</b>																											
<b>Subjective</b>																															
<b>Cardiac History &amp; Stability</b>	<b>Any CAD/PAD/HF symptoms</b> <small>(angina/MI symptoms, palpitations, exertional dyspnea, change in exercise tolerance, HF symptoms, edema, claudication, nitroglycerin use)</small>																														
	<b>Change in functional status or new CV complications</b>																														
<b>Psychosocial review</b>	<b>Is patient experiencing low mood/anhedonia/anxiety?</b> <small>(Consider use of PHQ-9, GAD-7)</small> <b>Comments</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not asked	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not asked	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not asked																											
<b>Lifestyle</b>	<b>Nutrition/diet review</b>																														
	<b>Physical activity</b> <small>(Reduce sedentary time, aerobic plus resistance exercise)</small>																														
	<b>Smoking status</b> <input type="checkbox"/> Non-smoker <input type="checkbox"/> Ex-smoker <input type="checkbox"/> Smoker	<input type="checkbox"/> Non-smoker <input type="checkbox"/> Ex-smoker <input type="checkbox"/> Smoker	<input type="checkbox"/> Non-smoker <input type="checkbox"/> Ex-smoker <input type="checkbox"/> Smoker	<input type="checkbox"/> Non-smoker <input type="checkbox"/> Ex-smoker <input type="checkbox"/> Smoker																											
	<b>Smoking cessation</b> <small>advice (if required)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																											
<b>CVD Investigations</b>	<b>ECG</b> <small>(Consider if CVD symptoms; q 1-2 years if stable)</small>	<input type="checkbox"/> Ordered today <input type="checkbox"/> Up to date	<input type="checkbox"/> Ordered today <input type="checkbox"/> Up to date	<input type="checkbox"/> Ordered today <input type="checkbox"/> Up to date																											
	<b>Other – Echo, Angiogram, Nuclear Med Perfusion Scan</b>																														
	<b>Lipid profile – LDL, non-HDL</b> <small>(Primary target: LDL &lt; 2.0 mmol/L or &gt;50% reduction with treatment; non-HDL &lt; 2.6 mmol/L)</small>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%; text-align: center;"><i>Result</i></td> <td style="width: 15%; text-align: center;"><i>Test Date</i></td> </tr> <tr> <td>LDL</td> <td></td> <td></td> </tr> <tr> <td>Non-HDL</td> <td></td> <td></td> </tr> </table>		<i>Result</i>	<i>Test Date</i>	LDL			Non-HDL			<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%; text-align: center;"><i>Result</i></td> <td style="width: 15%; text-align: center;"><i>Test Date</i></td> </tr> <tr> <td>LDL</td> <td></td> <td></td> </tr> <tr> <td>Non-HDL</td> <td></td> <td></td> </tr> </table>		<i>Result</i>	<i>Test Date</i>	LDL			Non-HDL			<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%; text-align: center;"><i>Result</i></td> <td style="width: 15%; text-align: center;"><i>Test Date</i></td> </tr> <tr> <td>LDL</td> <td></td> <td></td> </tr> <tr> <td>Non-HDL</td> <td></td> <td></td> </tr> </table>		<i>Result</i>	<i>Test Date</i>	LDL			Non-HDL		
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<b>Screen for Diabetes</b> <small>(A1C or fasting glucose annually)</small>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%; text-align: center;"><i>Result</i></td> <td style="width: 15%; text-align: center;"><i>Test Date</i></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>		<i>Result</i>	<i>Test Date</i>				<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%; text-align: center;"><i>Result</i></td> <td style="width: 15%; text-align: center;"><i>Test Date</i></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>		<i>Result</i>	<i>Test Date</i>				<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%; text-align: center;"><i>Result</i></td> <td style="width: 15%; text-align: center;"><i>Test Date</i></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>		<i>Result</i>	<i>Test Date</i>													
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		Date:	Date:	Date:
<b>Physical exam</b>	<b>Weight (kg)</b>			
	<b>BP</b>			
	<b>Pulse / Rhythm</b>			
	<b>Other exam notes</b>			
<b>CVD medications</b>	<b>Statin</b> <i>(Indicated in all people with CAD unless contraindicated or documented adverse effects; then consider other lipid-lowering agents)</i>	Indicated: <input type="checkbox"/> Continue <input type="checkbox"/> Start <input type="checkbox"/> No - not appropriate <input type="checkbox"/> No - not tolerated <input type="checkbox"/> No – indicated, declined <input type="checkbox"/> No - unable to afford	Indicated: <input type="checkbox"/> Continue <input type="checkbox"/> Start <input type="checkbox"/> No - not appropriate <input type="checkbox"/> No - not tolerated <input type="checkbox"/> No – indicated, declined <input type="checkbox"/> No - unable to afford	Indicated: <input type="checkbox"/> Continue <input type="checkbox"/> Start <input type="checkbox"/> No - not appropriate <input type="checkbox"/> No - not tolerated <input type="checkbox"/> No – indicated, declined <input type="checkbox"/> No - unable to afford
	<b>ACEi/ARB</b> <i>(ACE inhibitor or ARB indicated indefinitely unless contraindicated)</i>	Indicated: <input type="checkbox"/> Continue <input type="checkbox"/> Start <input type="checkbox"/> No - not appropriate <input type="checkbox"/> No - not tolerated <input type="checkbox"/> No – indicated, declined <input type="checkbox"/> No - unable to afford	Indicated: <input type="checkbox"/> Continue <input type="checkbox"/> Start <input type="checkbox"/> No - not appropriate <input type="checkbox"/> No - not tolerated <input type="checkbox"/> No – indicated, declined <input type="checkbox"/> No - unable to afford	Indicated: <input type="checkbox"/> Continue <input type="checkbox"/> Start <input type="checkbox"/> No - not appropriate <input type="checkbox"/> No - not tolerated <input type="checkbox"/> No – indicated, declined <input type="checkbox"/> No - unable to afford
	<b>Beta blocker</b> <i>(Indicated for all patients with normal LV function for minimum 3 years following ACS/MI unless contraindicated; specific beta-blockers recommended if reduced LVEF with prior MI or heart failure)</i>	Indicated: <input type="checkbox"/> Continue <input type="checkbox"/> Start <input type="checkbox"/> No - not appropriate <input type="checkbox"/> No - not tolerated <input type="checkbox"/> No – indicated, declined <input type="checkbox"/> No - unable to afford	Indicated: <input type="checkbox"/> Continue <input type="checkbox"/> Start <input type="checkbox"/> No - not appropriate <input type="checkbox"/> No - not tolerated <input type="checkbox"/> No – indicated, declined <input type="checkbox"/> No - unable to afford	Indicated: <input type="checkbox"/> Continue <input type="checkbox"/> Start <input type="checkbox"/> No - not appropriate <input type="checkbox"/> No - not tolerated <input type="checkbox"/> No – indicated, declined <input type="checkbox"/> No - unable to afford
	<b>Antiplatelet agent</b> <i>(Low-dose ASA indefinitely unless OAC indicated; dual antiplatelet therapy (DAPT) recommended for minimum 12 months after ACS and/or PCI)</i>	<input type="checkbox"/> ASA <input type="checkbox"/> Clopidogrel <input type="checkbox"/> Other	<input type="checkbox"/> ASA <input type="checkbox"/> Clopidogrel <input type="checkbox"/> Other	<input type="checkbox"/> ASA <input type="checkbox"/> Clopidogrel <input type="checkbox"/> Other
	<b>Review DAPT indication/ongoing use</b>	<input type="checkbox"/> N/A <input type="checkbox"/> Done	<input type="checkbox"/> N/A <input type="checkbox"/> Done	<input type="checkbox"/> N/A <input type="checkbox"/> Done
	<b>CV medication adherence/comments/notes</b>			
	<b>Vaccines</b>	<b>Vaccines reviewed, details, comments</b> <i>(Check EHR viewer for vaccine status)</i>		
<b>Management plan</b>	<b>Patient goals/self-management</b>			
	<b>Advance care planning</b> <i>(Discuss as needed; provide resources)</i>			
	<b>Referrals for education/nutrition/exercise</b>			
	<b>Referrals to medical specialists</b>			
	<b>Assessment and management plan</b> <i>(Changes to medications, resources provided to patient, etc.)</i>			
For CDM QIP online resources/handouts, information points for aspects of care, and details of CDM QIP indicators – <a href="https://www.ehealthsask.ca/services/CDM/Pages/default.aspx">https://www.ehealthsask.ca/services/CDM/Pages/default.aspx</a>				