## SK CDM-QIP Coronary Artery Disease + Heart Failure Flow Sheet

Type of Heart Failure:			Patient Name:	
HFrEF (reduced ejection fraction LVEF ≤ 40%)			Date of Birth:	
□ HFpEF (preserved ejection fraction LVEF ≥ 50%)				
□ HFmrEF (minimally reduced ejection fraction LVEF 41-49%) Date of HF diagnosis: (Echo LVEF%)			HSN:	
Date of		_VEF% )		
CAD His	tory and Interventions:		Other Comorbidities:	
	ACS date			□ Valvular heart disease
	a date			Congenital heart
	ngioplasty + stent date			
□ CABG date				] OSA
			CKD stage	
		Date:	Date:	Date:
Subject	ive			
	New or change in CVD and/or HF	□ No	□ No	□ No
s S	symptoms	□ Yes:	□ Yes:	☐ Yes:
E .	(angina/chest pain, edema, exertional dyspnea, decreased exercise tolerance, orthopnea/PND,			
npt lity	palpitations, increased diuretic use, claudication)			
Cardiac Symptoms & Stability	NYHA Functional Class			
Si	Class I: HF symptoms only at levels of exertion that would	Class I	Class I	□ class I □ class II
Irdi	limit normal individuals Class II: HF symptoms with ordinary exertion			
ü	Class III: HF symptoms with less than ordinary exertion Class IV: HF symptoms at rest			
	Is patient experiencing low	Yes No Not asked	Yes No Not asked	Yes No Not asked
Cial	mood/anhedonia/anxiety?	Comments:	Comments:	Comments:
soc	(Consider use of PHQ-9, GAD-7)			
Psycho review				
Psychosocial review				
	Nutrition/diet review			
	(Intake of sodium, alcohol, other fluids)			
	Physical activity			
Lifestyle	(consider referral to cardiac rehab if available)			
fest	Creaking status	Non-smoker Ex-smoker	Non-smoker Ex-smoker	Non-smoker Ex-smoker
Ē	Smoking status	$\Box$ Smoker $\Box$ Ex-smoker	$\Box$ Smoker $\Box$ Ex-smoker	Smoker
	Smoking cessation advice (if			
	required)	🗆 Yes 🗌 No	🗆 Yes 🗌 No	🗆 Yes 🗌 No
CVD Investigations	ECG	Ordered today	Ordered today	Ordered today
	(Baseline resting ECG at diagnosis, repeat every 1- 2 years if stable, more frequent if change in CV symptoms)	Up to date	Up to date	Up to date
	Echocordiography			
	Echocardiography (At diagnosis; then about every 3 years if stable; more			
	frequent if change in clinical status)			
	Angiogram/Nuclear Med Perfusion			
	Scan			
	Lipid profile – LDL, non-HDL	Result Test Date	Result Test Date	Result Test Date
	(non-fasting lipid profile recommended annually; treatment target is LDL-Chol < 2 mmol/ L or >50% reduction from			
	baseline; alternate target non-HDL < 2.6 mmol/ L)	Non-HDL	Non-HDL	Non-HDL







		Date:	Date:	Date:
Other Investigations	Screen for Diabetes (A1C or fasting glucose annually)	Result Test Date	Result Test Date	Result Test Date
	Screen for OSA (Recommended annually; use STOP-BANG questionnaire and sleep study if indicated. Untreated OSA negatively impacts management of COPD and quality of life)	<ul> <li>reviewed risk</li> <li>factors/screened</li> <li>referred for sleep study</li> <li>known OSA diagnosis</li> </ul>	<ul> <li>reviewed risk</li> <li>factors/screened</li> <li>referred for sleep study</li> <li>known OSA diagnosis</li> </ul>	<ul> <li>reviewed risk</li> <li>factors/screened</li> <li>referred for sleep study</li> <li>known OSA diagnosis</li> </ul>
	Renal function and Lytes (Monitor as needed to ensure stability; adjust prescriptions; consider changes to diet/potassium intake if hyperkalemia)			
	Weight (kg)			
	ВР			
¥	Pulse / Rhythm			
Physical exam & Volume Assessment	Other exam findings			
	Volume Assessment/Status (Assessment requires combination of history, symptoms, and clinical exam findings)	Hypovolemic Euvolemic Fluid overload	Hypovolemic     Euvolemic     Fluid overload	Hypovolemic     Euvolemic     Fluid overload
CVD medications	ACEI/ARB/ARNI (ACE inhibitor or ARB indicated indefinitely for CAD unless contraindicated) (ACE inhibitor or ARB or ARNI indicated for HFrEF unless contraindicated)	Indicated: Continue Start Indicated: Continue Start Start No - not appropriate No - not tolerated No – indicated, declined No - unable to afford	Indicated: Continue Start Indicated: Continue Start Start Start No - not appropriate No - not tolerated No – indicated, declined No - unable to afford	Indicated: Continue Start Indicated: Continue Start Start No - not appropriate No - not tolerated No – indicated, declined No - unable to afford
	Beta blocker (Indicated for all patients with CAD & normal LV function for minimum 3 years following ACS/MI unless contraindicated) (Bisoprolol, carvedilol or metoprolol SR indicated for all people with HFrEF)	Indicated: Continue Start Indicated: Continue Start Start No - not appropriate No - not tolerated No – indicated, declined No - unable to afford	Indicated: Continue Start Indicated: Continue Start Start No - not appropriate No - not tolerated No – indicated, declined No - unable to afford	Indicated: Continue Start No - not appropriate No - not tolerated No - indicated, declined No - unable to afford
	MRA (Indicated as part of standard HFrEF therapy [with ACEi/ARB/ARNI, beta-blocker, +/- SGLT2i]; must be able to monitor for hyperkalemia and changes to renal function)	Indicated: Continue Start Indicated: Continue Start Start No - not appropriate No - not tolerated No – indicated, declined No - unable to afford	Indicated: Continue Start Indicated: Continue Start Start No - not appropriate No - not tolerated No – indicated, declined No - unable to afford	Indicated: Continue Start Indicated: Continue Start No - not appropriate No - not tolerated No – indicated, declined No - unable to afford
	SGLT2 inhibitor (Dapagliflozin or empagliflozin indicated as part of HFrEF quadruple therapy. Dapagliflozin or empagliflozin indicated for treatment of HF with LVEF >40% (HFpEF or HFmrEF) (SGLT2i indicated for all ASCVD in people with diabetes type 2)	Indicated:  Continue  Start No - not appropriate No - not tolerated No - indicated, declined No - unable to afford	Indicated: Continue Start No - not appropriate No - not tolerated No - indicated, declined No - unable to afford	Indicated: Continue Start No - not appropriate No - not tolerated No - indicated, declined No - unable to afford
	Statin (Indicated in all people with CAD unless contraindicated or documented adverse effects; then consider other lipid-lowering agents)	Indicated:  Continue  Start No - not appropriate No - not tolerated No - indicated, declined No - unable to afford	Indicated: Continue Start No - not appropriate No - not tolerated No - indicated, declined No - unable to afford	Indicated:  Continue Start No - not appropriate No - not tolerated No - indicated, declined No - unable to afford
	Antiplatelet agent (Low-dose ASA indefinitely unless OAC indicated; dual antiplatelet therapy (DAPT) recommended for minimum 12 months after ACS and/or PCI)	□ ASA □ Clopidogrel □ Other	□ ASA □ Clopidogrel □ Other	□ ASA □ Clopidogrel □ Other
	Review DAPT indication/ongoing use	□ N/A □ Done	□ N/A □ Done	□ N/A □ Done





		Date:	Date:	Date:			
CVD Medications	Other CV meds						
	HF medication adherence/comments/notes						
sa	Vaccines reviewed, details, comments						
Vaccines	(Check EHR viewer for vaccine status)						
	Patient goals/self-management			1			
	Patient HF education						
	(HF info sheet, action plan, nutrition resources)						
	Advance care planning (Discuss as needed; provide resources)						
lan	Referrals for education/nutrition/cardiac						
ent P	rehab						
Management Plan	Referrals to medical specialists						
Man							
	Assessment and management plan						
	(Changes to medications, resources provided to patient, etc.)						
1	For CDM QIP online resources/handouts, information points for aspects of care, and details of CDM QIP indicators						
– https://www.ehealthsask.ca/services/CDM/Pages/default.aspx							



