

		Date:	Date:	Date:
Other Investigations	Screen for Diabetes <i>(A1C or fasting glucose annually)</i>	Result Test Date	Result Test Date	Result Test Date
	Screen for OSA <i>(Recommended annually; use STOP-BANG questionnaire and sleep study if indicated. Untreated OSA negatively impacts management of COPD and quality of life)</i>	<input type="checkbox"/> reviewed risk factors/screened <input type="checkbox"/> referred for sleep study <input type="checkbox"/> known OSA diagnosis	<input type="checkbox"/> reviewed risk factors/screened <input type="checkbox"/> referred for sleep study <input type="checkbox"/> known OSA diagnosis	<input type="checkbox"/> reviewed risk factors/screened <input type="checkbox"/> referred for sleep study <input type="checkbox"/> known OSA diagnosis
	Renal function and Lytes <i>(Monitor as needed to ensure stability; adjust prescriptions; consider changes to diet/potassium intake if hyperkalemia)</i>			
Physical exam & Volume Assessment	Weight (kg)			
	BP			
	Pulse / Rhythm			
	Other exam findings			
	Volume Assessment/Status <i>(Assessment requires combination of history, symptoms, and clinical exam findings)</i>	<input type="checkbox"/> Hypovolemic <input type="checkbox"/> Euvolemic <input type="checkbox"/> Fluid overload	<input type="checkbox"/> Hypovolemic <input type="checkbox"/> Euvolemic <input type="checkbox"/> Fluid overload	<input type="checkbox"/> Hypovolemic <input type="checkbox"/> Euvolemic <input type="checkbox"/> Fluid overload
CVD medications	ACEi/ARB/ARNI <i>(ACE inhibitor or ARB indicated indefinitely for CAD unless contraindicated) (ACE inhibitor or ARB or ARNI indicated for HFrEF 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
	Beta blocker <i>(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)</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
	MRA <i>(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)</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
	SGLT2 inhibitor <i>(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)</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
	Statin <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
	Antiplatelet agent <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
	Review DAPT indication/ongoing use	<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

		Date:	Date:	Date:
CVD Medications	Other CV meds			
	HF medication adherence/comments/notes			
Vaccines	Vaccines reviewed, details, comments <i>(Check EHR viewer for vaccine status)</i>			
Management Plan	Patient goals/self-management			
	Patient HF education <i>(HF info sheet, action plan, nutrition resources)</i>			
	Advance care planning <i>(Discuss as needed; provide resources)</i>			
	Referrals for education/nutrition/cardiac rehab			
	Referrals to medical specialists			
	Assessment and management plan <i>(Changes to medications, resources provided to patient, etc.)</i>			
<p>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</p>				