

SK CDM-QIP Chronic Obstructive Pulmonary Disease Flow Sheet

		Date:	Date:	Date:
Physical exam	Weight (kg)			
	BP & Pulse			
	Oxygen sat (%) <i>Specify if room air or with supplemental oxygen</i>			
	Resp. exam			
Respiratory Medications	SABD <i>(Regular or as-needed use of SABA +/- SAMA improves FEV1 & symptoms. May be used alone or in combination for mild COPD.)</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
	LAMA or LABA (specify which) <i>(Indicated for mod-severe COPD, or after SABA/SAMA failure. Significantly improves lung function, dyspnea, health status and reduces exacerbation rates)</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
	LAMA+LABA combination <i>(Combination treatment with LABA + LAMA increases FEV1 and reduces symptoms compared to monotherapy; also reduces exacerbations compared to monotherapy.)</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
	ICS+LAMA+LABA combination <i>(Reserve for failure of combination LAMA+LABA therapy in patients with severe COPD & at high risk for AECOPD [≥ 2 moderate AECOPD and/or 1 AECOPD hospitalization in previous year])</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
	Review ongoing need for ICS <i>(If no AECOPD for 2yrs and/or blood eosinophil counts < 300 cells/μL consider option to taper ICS and follow-up.)</i>	<input type="checkbox"/> Done <input type="checkbox"/> N/A	<input type="checkbox"/> Done <input type="checkbox"/> N/A	<input type="checkbox"/> Done <input type="checkbox"/> N/A
	Optimal inhaler device/technique	<input type="checkbox"/> Reviewed <input type="checkbox"/> Device changed/education recommended	<input type="checkbox"/> Reviewed <input type="checkbox"/> Device changed/education recommended	<input type="checkbox"/> Reviewed <input type="checkbox"/> Device changed/education recommended
	Medication adherence/comments			
	Supplemental Oxygen – review need <i>(Do formal testing if O2 sat \leq 92% breathing room air; FEV1 < 50% predicted; evidence of pulmonary hypertension, HF, polycythemia)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
Vaccines	Vaccines reviewed, details, comments <i>(Check EHR viewer for vaccine status)</i>			
Management Plan	Patient goals/self-management			
	Advance care planning <i>(Discuss as needed; provide resources)</i>			
	Referrals to medical specialists/education/pulm rehab			
	Assessment and management plan <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 – https://www.ehealthsask.ca/services/CDM/Pages/default.aspx				