

SK CDM-QIP Diabetes Flow Sheet

Type of Diabetes: <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Other Date Diagnosed/Duration of DM: _____		Patient Name: Date of Birth:			
Comorbidities: <input type="checkbox"/> Hypertension <input type="checkbox"/> Dyslipidemia <input type="checkbox"/> CAD <input type="checkbox"/> HF <input type="checkbox"/> PAD <input type="checkbox"/> CVA <input type="checkbox"/> OSA <input type="checkbox"/> Mental Health Condition <input type="checkbox"/> CKD stage _____ <input type="checkbox"/> Other		HSN:			
		Date:	Date:	Date:	
Subjective					
Glycemic Management	A1c (target ≤ 7% or _____)	<i>Result</i>	<i>Test Date</i>	<i>Result</i>	<i>Test Date</i>
	Glycemic Therapy/Medications				
	Adherence/concerns				
	Review glucose records				
	Hypoglycemic episodes <i>Consider frequency, severity; provide educational resources</i>				
	DM and driving discussed <i>SGI medical reporting form if using insulin</i>				
	Contraception/preconception advice for women				
	Sick day management reviewed <i>Consider SADMANS, other patient handouts</i>				
Psychosocial review	Is patient experiencing low mood/anhedonia/anxiety? <i>(Consider use of PHQ-9, GAD-7, diabetes distress scales)</i>	<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	
	Comments				
Lifestyle	Nutrition/Diet review				
	Physical activity <i>(Reduce sedentary time, aerobic plus resistance exercise)</i>				
	Smoking status	<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	
	Smoking cessation advice (if required)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
CVD Screen	Any CAD/PAD/HF/AF symptoms <i>(angina/MI symptoms may be absent; consider exertional dyspnea, change in exercise tolerance, HF symptoms, claudication, palpitations)</i>				
	ECG <i>(Baseline at age 40 or DM >15 years; repeat q3-5 years, more often if CVD symptoms)</i>	<input type="checkbox"/> Ordered today <input type="checkbox"/> Up to date <input type="checkbox"/> Not indicated	<input type="checkbox"/> Ordered today <input type="checkbox"/> Up to date <input type="checkbox"/> Not indicated	<input type="checkbox"/> Ordered today <input type="checkbox"/> Up to date <input type="checkbox"/> Not indicated	

SK CDM-QIP Diabetes Flow Sheet

		Date:	Date:	Date:
Lipids	Lipid profile – LDL, non-HDL <i>(Primary target: LDL < 2.0 mmol/L or >50% reduction with treatment; non-HDL < 2.6 mmol/L)</i>	<i>Result Test Date</i> LDL	<i>Result Test Date</i> LDL	<i>Result Test Date</i> LDL
		<i>Result Test Date</i> Non-HDL	<i>Result Test Date</i> Non-HDL	<i>Result Test Date</i> Non-HDL
Nephropathy	Urine ACR <i>(normal < 2 mg/mmol)</i> <i>(not required if eGFR < 15 mL/min)</i>	<i>Result Test Date</i>	<i>Result Test Date</i>	<i>Result Test Date</i>
	Serum creatinine	<i>Result Test Date</i>	<i>Result Test Date</i>	<i>Result Test Date</i>
	eGFR <i>(normal > 60mL/min)</i>	<i>Result Test Date</i>	<i>Result Test Date</i>	<i>Result Test Date</i>
	Nephropathy <i>(Abnormal ACR, eGFR on ≥ 2 tests in 3 months)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Retinopathy	Dilated eye exam <i>(type 1 annually, type 2 q1-2 years)</i>			
	Retinopathy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Severity/comments			
Neuropathy	Symptoms <i>(Paresthesia/pain/numbness, GI symptoms, ED, diabetic foot complications)</i>			
	Diabetic foot exam done today <i>Record details in exam section</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Peripheral neuropathy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical exam	Weight (kg)			
	BP (target 130/80)			
	Diabetic foot exam			
	Other exam findings			
CVD medications	Statin <i>(Recommended to reduce CVD risk in adults with DM1 or DM2 with any of the following features: clinical CVD, age ≥40 years, age >30 years and duration of DM >15 years, microvascular complications, presence of other CV risk factors in accordance with Lipid CPG.)</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
	ACEi/ARB <i>(Recommended to reduce CV risk in adults with DM1 or DM2 with any of the following: clinical CVD, age ≥55 years with an additional CV risk factor or end organ damage (albuminuria, retinopathy, LVH), microvascular complications)</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>(if established CVD, not for primary prevention)</i>	<input type="checkbox"/> Not indicated <input type="checkbox"/> Yes	<input type="checkbox"/> Not indicated <input type="checkbox"/> Yes	<input type="checkbox"/> Not indicated <input type="checkbox"/> Yes
	CV medication adherence Other comments/notes			

SK CDM-QIP Diabetes Flow Sheet

		Date:	Date:	Date:
Vaccines	Vaccines reviewed Details/comments <i>(Check EHR viewer for vaccine status)</i>			
	Patient goals/self-management			
Management Plan	Advance care planning <i>(Discuss as needed; provide resources)</i>			
	Referrals for education/nutrition/exercise			
	Referrals to medical specialists			
	Assessment and management plan <i>(Changes to medications, resources provided to patient, etc.)</i>			
<p align="center">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>				