

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

Type of Diabetes: <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Other Date Diagnosed/Duration of DM: _____ Type of Heart Failure: <input type="checkbox"/> HFrEF (reduced ejection fraction LVEF ≤ 40%) <input type="checkbox"/> HFpEF (preserved ejection fraction LVEF ≥ 50%) <input type="checkbox"/> HFmrEF (minimally reduced ejection fraction LVEF 41-49%) Date of HF diagnosis: _____ (Echo LVEF _____%) CAD History and Interventions: <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 _____		Patient Name: Date of Birth: HSN: Other Comorbidities: <input type="checkbox"/> CKD stage _____ <input type="checkbox"/> Mental health condition <input type="checkbox"/> OSA <input type="checkbox"/> AF <input type="checkbox"/> Valvular heart disease <input type="checkbox"/> Cardiomyopathy <input type="checkbox"/> Congenital heart <input type="checkbox"/> Pacemaker <input type="checkbox"/> ICD			
		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 <small>Consider frequency, severity; provide educational resources</small>				
	DM and driving discussed <small>SGI medical reporting form if using insulin</small>				
	Sick day management reviewed <small>Consider SADMANS, other patient handouts</small>				
Cardiac Symptoms & Stability	New or change in CVD and/or HF symptoms <small>(angina/chest pain, edema, exertional dyspnea, decreased exercise tolerance, orthopnea/PND, palpitations, increased diuretic use, claudication)</small>	<input type="checkbox"/> No <input type="checkbox"/> Yes:	<input type="checkbox"/> No <input type="checkbox"/> Yes:	<input type="checkbox"/> No <input type="checkbox"/> Yes:	
	NYHA Functional Class <small>Class I: HF symptoms only at levels of exertion that would limit normal individuals Class II: HF symptoms with ordinary exertion Class III: HF symptoms with less than ordinary exertion Class IV: HF symptoms at rest</small>	<input type="checkbox"/> class I <input type="checkbox"/> class II <input type="checkbox"/> class III <input type="checkbox"/> class IV	<input type="checkbox"/> class I <input type="checkbox"/> class II <input type="checkbox"/> class III <input type="checkbox"/> class IV	<input type="checkbox"/> class I <input type="checkbox"/> class II <input type="checkbox"/> class III <input type="checkbox"/> class IV	
Psychosocial review	Is patient experiencing low mood/anhedonia/anxiety? <small>(Consider use of PHQ-9, GAD-7)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not asked Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not asked Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not asked Comments:	

		Date:	Date:	Date:
Lifestyle	Nutrition/diet review <i>(Intake of sodium, alcohol, other fluids)</i>			
	Physical activity <i>(consider referral to cardiac rehab if available)</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
Investigations	ECG <i>(Baseline resting ECG at diagnosis, repeat every 1- 2 years if stable, more frequent if change in CV symptoms)</i>	<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
	Echocardiography <i>(At diagnosis; then about every 3 years if stable; more frequent if change in clinical status)</i>			
	Angiogram/Nuclear Med Perfusion Scan			
	Lipid profile – LDL, non-HDL <i>(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)</i>	LDL <small>Result Test Date</small> Non-HDL	LDL <small>Result Test Date</small> Non-HDL	LDL <small>Result Test Date</small> Non-HDL
	Renal function and Lytes <i>(Monitor as needed to ensure stability; adjust prescriptions; consider changes to diet/potassium intake if hyperkalemia)</i>			
	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
Nephropathy	Urine ACR <i>(normal < 2 mg/mmol)</i> <i>(not required if eGFR < 15 mL/min)</i>	<small>Result Test Date</small>	<small>Result Test Date</small>	<small>Result Test Date</small>
	Serum creatinine	<small>Result Test Date</small>	<small>Result Test Date</small>	<small>Result Test Date</small>
	eGFR <i>(normal > 60ml/min)</i>	<small>Result Test Date</small>	<small>Result Test Date</small>	<small>Result Test Date</small>
	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

		Date:	Date:	Date:
Physical exam & Volume Assessment	Weight (kg)			
	BP			
	Pulse / Rhythm			
	Diabetic foot exam			
	Other exam findings			
	HF 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
	Other CV meds			
	Medication adherence/comments/notes			

		Date:	Date:	Date:
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/exercise/cardiac rehab			
	Referrals to medical specialists			
	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				