

## SK CDM-QIP Diabetes + Heart Failure Flow Sheet

<b>Type of Diabetes:</b> <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Other Date Diagnosed/Duration of DM: _____  <b>Type of Heart Failure:</b> <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 _____ %)		<b>Patient Name:</b>  <b>Date of Birth:</b>  <b>HSN:</b>			
<b>Other Comorbidities:</b> <input type="checkbox"/> CKD stage _____ <input type="checkbox"/> Hypertension <input type="checkbox"/> Dyslipidemia <input type="checkbox"/> AF <input type="checkbox"/> OSA <input type="checkbox"/> Mental health condition <input type="checkbox"/> Valvular heart disease <input type="checkbox"/> Cardiomyopathy <input type="checkbox"/> Congenital heart <input type="checkbox"/> Pacemaker <input type="checkbox"/> ICD					
		<b>Date:</b>	<b>Date:</b>	<b>Date:</b>	
<b>Subjective</b>					
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>			
	Sick day management reviewed	<i>Consider SADMANS, other patient handouts</i>			
Cardiac Symptoms & Stability	New or change in CVD and/or HF symptoms	<input type="checkbox"/> No <input type="checkbox"/> Yes:		<input type="checkbox"/> No <input type="checkbox"/> Yes:	
	NYHA Functional Class	<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?	<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	<b>Nutrition/diet review</b> <i>(Intake of sodium, alcohol, other fluids)</i>			
	<b>Physical activity</b> <i>(consider referral to cardiac rehab if available)</i>			
	<b>Smoking status</b>	<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
	<b>Smoking cessation advice (if required)</b>	<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	<b>ECG</b> <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
	<b>Echocardiography</b> <i>(At diagnosis; then about every 3 years if stable; more frequent if change in clinical status)</i>			
	<b>Lipid profile – LDL, non-HDL</b> <i>(non-fasting lipid profile recommended annually; treatment target is LDL-Chol &lt; 2 mmol/L or &gt;50% reduction from baseline; alternate target non-HDL &lt; 2.6 mmol/L)</i>	LDL <i>Result Test Date</i> Non-HDL	LDL <i>Result Test Date</i> Non-HDL	LDL <i>Result Test Date</i> Non-HDL
	<b>Renal function and Lytes</b> <i>(Monitor as needed to ensure stability; adjust prescriptions; consider changes to diet/potassium intake if hyperkalemia)</i>			
	<b>Screen for OSA</b> <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	<b>Urine ACR</b> <i>(normal &lt; 2 mg/mmol)</i> <i>(not required if eGFR &lt; 15 mL/min)</i>	<i>Result Test Date</i>	<i>Result Test Date</i>	<i>Result Test Date</i>
	<b>Serum creatinine</b>	<i>Result Test Date</i>	<i>Result Test Date</i>	<i>Result Test Date</i>
	<b>eGFR</b> <i>(normal &gt; 60ml/min)</i>	<i>Result Test Date</i>	<i>Result Test Date</i>	<i>Result Test Date</i>
	<b>Nephropathy</b> <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	<b>Dilated eye exam</b> <i>(type 1 annually, type 2 q1-2 years)</i>			
	<b>Retinopathy</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Severity/comments</b>			
Neuropathy	<b>Symptoms</b> <i>(Paresthesia/pain/numbness, GI symptoms, ED, diabetic foot complications)</i>			
	<b>Diabetic foot exam done today</b> <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
	<b>Peripheral neuropathy</b>	<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:
<b>Physical exam &amp; Volume Assessment</b>	<b>Weight (kg)</b>			
	<b>BP</b>			
	<b>Pulse / Rhythm</b>			
	<b>Diabetic foot exam</b>			
	<b>Other exam findings</b>			
	<b>HF Volume Assessment/Status</b> <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
<b>CVD medications</b>	<b>ACEi/ARB/ARNI</b> <i>(ACE inhibitor or ARB indicated for CV-renal benefit) (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
	<b>Beta blocker</b> <i>(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
	<b>MRA</b> <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
	<b>SGLT2 inhibitor</b> <i>(Dapagliflozin or empagliflozin indicated as part of HFrEF quadruple therapy. Dapagliflozin or empagliflozin indicated for treatment of HF with LVEF &gt;40% (HFpEF or HFmrEF) [SGLT2i indicated for diabetic nephropathy 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
	<b>Statin</b> <i>(Recommended to reduce CVD risk in adults with DM1 or DM2 with any of the following features: clinical CVD, age ≥40 years, age &gt;30 years and duration of DM &gt;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
	<b>Antiplatelet agent</b> <i>(if established ASCVD, 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
	<b>Other CV meds</b>			
	<b>Medication adherence/comments/notes</b>			

		Date:	Date:	Date:
<b>Vaccines</b>	<b>Vaccines reviewed, details, comments</b> <i>(Check EHR viewer for vaccine status)</i>			
<b>Management Plan</b>	<b>Patient goals/self-management</b>			
	<b>Patient HF education</b> <i>(HF info sheet, action plan, nutrition resources)</i>			
	<b>Advance care planning</b> <i>(Discuss as needed; provide resources)</i>			
	<b>Referrals for education/nutrition/exercise/cardiac rehab</b>			
	<b>Referrals to medical specialists</b>			
	<b>Assessment and management plan</b> <i>(Changes to medications, resources provided to patient, etc.)</i>			
<p align="center"><b>For CDM QIP online resources/handouts, information points for aspects of care, and details of CDM QIP indicators</b>  – <a href="https://www.ehealthsask.ca/services/CDM/Pages/default.aspx">https://www.ehealthsask.ca/services/CDM/Pages/default.aspx</a></p>				