SK CDM-QIP Diabetes Flow Sheet

Type of Diabetes: ☐ Type 1 ☐ Type 2 ☐ Other **Date Diagnosed/Duration of DM: _____**	**Patient Name:** **Date of Birth:**
Comorbidities: ☐ Hypertension ☐ Dyslipidemia ☐ CAD ☐ HF ☐ PAD ☐ CVA ☐ OSA ☐ Mental Health Condition ☐ CKD stage _____ ☐ Other	**HSN:**

		Date:	**Date:**	**Date:**
Subjective				
Glycemic Management	**A1c** *(target ≤ 7% or _____)*	*Result Test Date*	*Result Test Date*	*Result Test Date*
	Glycemic Therapy/Medications			
	Adherence/concerns			
	Review glucose records			
	Hypoglycemic episodes *Consider frequency, severity; provide educational resources*			
	DM and driving discussed *SGI medical reporting form if using insulin*			
	Contraception/preconception advice for women			
	Sick day management reviewed *Consider SADMANS, other patient handouts*			
Psychosocial review	**Is patient experiencing low mood/anhedonia/anxiety?** *(Consider use of PHQ-9, GAD-7, diabetes distress scales)* **Comments**	☐ Yes ☐ No ☐ Not asked	☐ Yes ☐ No ☐ Not asked	☐ Yes ☐ No ☐ Not asked
Lifestyle	**Nutrition/Diet review**			
	Physical activity *(Reduce sedentary time, aerobic plus resistance exercise)*			
	Smoking status	☐ Non-smoker ☐ Ex-smoker ☐ Smoker	☐ Non-smoker ☐ Ex-smoker ☐ Smoker	☐ Non-smoker ☐ Ex-smoker ☐ Smoker
	Smoking cessation advice (if required)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
CVD Screen	**Any CAD/PAD/HF/AF symptoms** *(angina/MI symptoms may be absent; consider exertional dyspnea, change in exercise tolerance, HF symptoms, claudication, palpitations)*			
	ECG *(Baseline at age 40 or DM >15 years; repeat q3-5 years, more often if CVD symptoms)*	☐ Ordered today ☐ Up to date ☐ Not indicated	☐ Ordered today ☐ Up to date ☐ Not indicated	☐ Ordered today ☐ Up to date ☐ Not indicated

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		Date:	Date:	Date:
Lipids	**Lipid profile – LDL, non-HDL** *(Primary target: LDL < 2.0 mmol/L or >50% reduction with treatment; non-HDL < 2.6 mmol/L)*	*Result* *Test Date* LDL Non-HDL	*Result* *Test Date* LDL Non-HDL	*Result* *Test Date* LDL Non-HDL
Nephropathy	**Urine ACR** *(normal < 2 mg/mmol)* *(not required if eGFR < 15 mL/min)*	*Result* *Test Date*	*Result* *Test Date*	*Result* *Test Date*
	Serum creatinine	*Result* *Test Date*	*Result* *Test Date*	*Result* *Test Date*
	eGFR *(normal > 60ml/min)*	*Result* *Test Date*	*Result* *Test Date*	*Result* *Test Date*
	Nephropathy *(Abnormal ACR, eGFR on ≥ 2 tests in 3 months)*	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Retinopathy	**Dilated eye exam** *(type 1 annually, type 2 q1-2 years)*			
	Retinopathy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Severity/comments			
Neuropathy	**Symptoms** *(Paresthesia/pain/numbness, GI symptoms, ED, diabetic foot complications)*			
	Diabetic foot exam done today *Record details in exam section*	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Peripheral neuropathy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Physical exam	**Weight** *(kg)*			
	BP *(target 130/80)*			
	Diabetic foot exam			
	Other exam findings			
CVD medications	**Statin** *(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.)*	Indicated: ☐ Continue ☐ Start ☐ No - not appropriate ☐ No - not tolerated ☐ No – indicated, declined ☐ No - unable to afford	Indicated: ☐ Continue ☐ Start ☐ No - not appropriate ☐ No - not tolerated ☐ No – indicated, declined ☐ No - unable to afford	Indicated: ☐ Continue ☐ Start ☐ No - not appropriate ☐ No - not tolerated ☐ No – indicated, declined ☐ No - unable to afford
	ACEi/ARB *(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)*	Indicated: ☐ Continue ☐ Start ☐ No - not appropriate ☐ No - not tolerated ☐ No – indicated, declined ☐ No - unable to afford	Indicated: ☐ Continue ☐ Start ☐ No - not appropriate ☐ No - not tolerated ☐ No – indicated, declined ☐ No - unable to afford	Indicated: ☐ Continue ☐ Start ☐ No - not appropriate ☐ No - not tolerated ☐ No – indicated, declined ☐ No - unable to afford
	Antiplatelet agent *(if established CVD, not for primary prevention)*	☐ Not indicated ☐ Yes	☐ Not indicated ☐ Yes	☐ Not indicated ☐ Yes
	CV medication adherence **Other comments/notes**			

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