# SK CDM-QIP Chronic Obstructive Pulmonary Disease Flow Sheet

| Diagnosis of COPD requires confirmation with post-bronchodilator spirometry testing to meet Canadian Thoracic Society criteria (FEV1/FVC ratio < 0.7). Refer for spirometry if not done, and/or inadequate response to COPD guideline-directed medications. | **Patient Name:**<br>**Date of Birth:**<br>**HSN:** |
|---|---|

**Confirmation of diagnosis:** □ Yes □ No

☐ Spirometry done FEV1/FVC < 0.7 ☐ Confirmed by specialist/in hospital

☐ Clinically suspected; patient too frail for spirometry ☐ Spirometry not done; will refer

| | | **Date:** | **Date:** | **Date:** |
|---|---|---|---|---|
| **Subjective** | | | | |
| **Severity of COPD** | **FEV1** | *Result Test Date* | *Result Test Date* | *Result Test Date* |
| | **Severity of airflow limitation**<br>*(based on post-bronchodilator FEV1)* | ☐ mild FEV1 ≥ 80%<br>☐ moderate FEV1 50-80%<br>☐ severe FEV1 30-50%<br>☐ very severe FEV1 < 30% | ☐ mild FEV1 ≥ 80%<br>☐ moderate FEV1 50-80%<br>☐ severe FEV1 30-50%<br>☐ very severe FEV1 < 30% | ☐ mild FEV1 ≥ 80%<br>☐ moderate FEV1 50-80%<br>☐ severe FEV1 30-50%<br>☐ very severe FEV1 < 30% |
| | **Functional Status**<br>**- mMRC Dyspnea Scale** | Grade _____ | Grade _____ | Grade _____ |
| | Grades: 0 – I only get breathless with strenuous exercise<br>1 – I get short of breath when hurrying on level ground or walking up a slight hill<br>2 – On level ground, I walk slower than people of the same age because of breathlessness, or I have to stop for breath when walking at my own pace on the level<br>3 – I stop for breath after walking about 100 yards or after a few minutes on level ground<br>4 – I am too breathless to leave house, or I am breathless when dressing | | | |
| **Current Symptoms & Activity** | **Cough/wheeze** | | | |
| | **Sputum** | | | |
| | **Fatigue** | | | |
| | **Appetite/weight change** | | | |
| | **Change in exercise capacity** | | | |
| | **Amount/type of physical activity** | | | |
| **Exacerbations** | **AECOPD since last visit** | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| | **Av. number exacerbations** | ☐ < 1/year ☐ ≥ 1/year | | |
| | **Patient has COPD action plan** | ☐ Yes ☐ No<br>☐ Provided today | ☐ Yes ☐ No<br>☐ Provided today | ☐ Yes ☐ No<br>☐ Provided today |
| | **Implementation of action plan** | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| **Psychosocial review** | **Is patient experiencing low mood/anhedonia/anxiety?**<br>*(Consider use of PHQ-9, GAD-7)*<br>**Comments** | ☐ Yes ☐ No ☐ Not asked | ☐ Yes ☐ No ☐ Not asked | ☐ Yes ☐ No ☐ Not asked |
| **Smoking** | **Smoking status** | ☐ Non-smoker<br>☐ Ex-smoker – quit _____<br>☐ Smoker | ☐ Non-smoker<br>☐ Ex-smoker – quit _____<br>☐ Smoker | ☐ Non-smoker<br>☐ Ex-smoker – quit _____<br>☐ Smoker |
| | **Smoking cessation advice** (if required) | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| **OSA** | **Screen for OSA**<br>*(Recommended annually; use STOP-BANG questionnaire and sleep study if indicated. Untreated OSA negatively impacts management of COPD and quality of life.)* | ☐ reviewed risk factors/screened<br>☐ referred for sleep study<br>☐ known OSA diagnosis | ☐ reviewed risk factors/screened<br>☐ referred for sleep study<br>☐ known OSA diagnosis | ☐ reviewed risk factors/screened<br>☐ referred for sleep study<br>☐ known OSA diagnosis |

## SK CDM-QIP Chronic Obstructive Pulmonary Disease Flow Sheet

| | | Date: | Date: | Date: |
|---|---|---|---|---|
| Physical exam | **Weight** *(kg)* | | | |
| | **BP & Pulse** | | | |
| | **Oxygen sat (%)**<br>*Specify if room air or with supplemental oxygen* | | | |
| | **Resp. exam** | | | |
| Respiratory Medications | **SABD**<br>*(Regular or as-needed use of SABA +/or SAMA improves FEV1 & symptoms. May be used alone or in combination for mild COPD.)* | Indicated: ☐ Continue ☐ Start<br>☐ No - not appropriate<br>☐ No - not tolerated<br>☐ No – indicated, declined<br>☐ No - unable to afford | Indicated: ☐ Continue ☐ Start<br>☐ No - not appropriate<br>☐ No - not tolerated<br>☐ No – indicated, declined<br>☐ No - unable to afford | Indicated: ☐ Continue ☐ Start<br>☐ No - not appropriate<br>☐ No - not tolerated<br>☐ No – indicated, declined<br>☐ No - unable to afford |
| | **LAMA or LABA** (specify which)<br>*(Indicated for mod-severe COPD, or after SABA/SAMA failure. Significantly improves lung function, dyspnea, health status and reduces exacerbation rates)* | Indicated: ☐ Continue ☐ Start<br>☐ No - not appropriate<br>☐ No - not tolerated<br>☐ No – indicated, declined<br>☐ No - unable to afford | Indicated: ☐ Continue ☐ Start<br>☐ No - not appropriate<br>☐ No - not tolerated<br>☐ No – indicated, declined<br>☐ No - unable to afford | Indicated: ☐ Continue ☐ Start<br>☐ No - not appropriate<br>☐ No - not tolerated<br>☐ No – indicated, declined<br>☐ No - unable to afford |
| | **LAMA+LABA combination**<br>*(Combination treatment with LABA + LAMA increases FEV1 and reduces symptoms compared to monotherapy; also reduces exacerbations compared to monotherapy.)* | Indicated: ☐ Continue ☐ Start<br>☐ No - not appropriate<br>☐ No - not tolerated<br>☐ No – indicated, declined<br>☐ No - unable to afford | Indicated: ☐ Continue ☐ Start<br>☐ No - not appropriate<br>☐ No - not tolerated<br>☐ No – indicated, declined<br>☐ No - unable to afford | Indicated: ☐ Continue ☐ Start<br>☐ No - not appropriate<br>☐ No - not tolerated<br>☐ No – indicated, declined<br>☐ No - unable to afford |
| | **ICS+LAMA+LABA combination**<br>*(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])* | Indicated: ☐ Continue ☐ Start<br>☐ No - not appropriate<br>☐ No - not tolerated<br>☐ No – indicated, declined<br>☐ No - unable to afford | Indicated: ☐ Continue ☐ Start<br>☐ No - not appropriate<br>☐ No - not tolerated<br>☐ No – indicated, declined<br>☐ No - unable to afford | Indicated: ☐ Continue ☐ Start<br>☐ No - not appropriate<br>☐ No - not tolerated<br>☐ No – indicated, declined<br>☐ No - unable to afford |
| | **Review ongoing need for ICS**<br>*(If no AECOPD for 2yrs and/or blood eosinophil counts < 300 cells/μL consider option to taper ICS and follow-up.)* | ☐ Done ☐ N/A | ☐ Done ☐ N/A | ☐ Done ☐ N/A |
| | **Optimal inhaler device/technique** | ☐ Reviewed<br>☐ Device changed/education recommended | ☐ Reviewed<br>☐ Device changed/education recommended | ☐ Reviewed<br>☐ Device changed/education recommended |
| | **Medication adherence/comments** | | | |
| | **Supplemental Oxygen – review need**<br>*(Do formal testing if O2 sat ≤ 92% breathing room air; FEV1 < 50% predicted; evidence of pulmonary hypertension, HF, polycythemia)* | ☐ Yes ☐ N/A | ☐ Yes ☐ N/A | ☐ Yes ☐ N/A |
| Vaccines | **Vaccines reviewed, details, comments**<br>*(Check EHR viewer for vaccine status)* | | | |
| Management Plan | **Patient goals/self-management** | | | |
| | **Advance care planning**<br>*(Discuss as needed; provide resources)* | | | |
| | **Referrals to medical specialists/education/pulm rehab** | | | |
| | **Assessment and management plan**<br>*(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***