

SK CDM-QIP COPD Flow Sheet

Version 2.3 March 2024

Diagnosis of Chronic Obstructive Pulmonary Disease (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: Date of Birth: 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			
Subjective		Date:	Date:
Severity of COPD	FEV1	<i>Result</i> <i>Test Date</i>	<i>Result</i> <i>Test Date</i>
	Severity of airflow limitation <i>(based on post-bronchodilator FEV1)</i>	☐ mild FEV1 ≥ 80% ☐ moderate FEV1 50-80% ☐ severe FEV1 30-50% ☐ very severe FEV1 < 30%	☐ mild FEV1 ≥ 80% ☐ moderate FEV1 50-80% ☐ severe FEV1 30-50% ☐ very severe FEV1 < 30%
	Functional Status - mMRC Dyspnea Scale	Grade _____	Grade _____
	Grades: 0. I only get breathless with strenuous exercise 1. I get short of breath when hurrying on level ground or walking up a slight hill 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 3. I stop for breath after walking about 100 yards or after a few minutes on level ground 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
	Av. number exacerbations	☐ < 1/year ☐ ≥ 1/year	
	Patient has COPD action plan	☐ Yes ☐ No ☐ Provided today	☐ Yes ☐ No ☐ Provided today
	Implementation of action plan	☐ Yes ☐ No	☐ Yes ☐ No
Psychosocial review	Is patient experiencing low mood/anhedonia/ anxiety? Comments <i>(Consider use of PHQ-9, GAD-7)</i>	☐ Yes ☐ No ☐ Not asked	☐ Yes ☐ No ☐ Not asked
Smoking	Smoking status	☐ Non-smoker ☐ Ex-smoker - quit _____ ☐ Smoker	☐ Non-smoker ☐ Ex-smoker - quit _____ ☐ Smoker
	Smoking cessation advice (if required)	☐ Yes ☐ No	☐ Yes ☐ No
OSA	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>	☐ reviewed risk factors/screened ☐ referred for sleep study ☐ known OSA diagnosis	☐ reviewed risk factors/screened ☐ referred for sleep study ☐ known OSA diagnosis

		Date:	Date:	Date:
Physical exam	Weight (kg)			
	BP & Pulse			
	Oxygen sat (%) <i>Specify if room air or with supplemental oxygen</i>			
	Resp. exam			
Respiratory Medications	SABD <i>(Regular or as-needed use of SABA +/- SAMA improves FEV1 & symptoms. May be used alone or in combination for mild COPD.)</i>	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
	LAMA or LABA (specify which) <i>(Indicated for mod-severe COPD, or after SABA/SAMA failure. Significantly improves lung function, dyspnea, health status and reduces exacerbation rates)</i>	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
	LAMA+LABA combination <i>(Combination treatment with LABA + LAMA increases FEV1 and reduces symptoms compared to monotherapy; also reduces exacerbations compared to monotherapy.)</i>	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
	ICS+LAMA+LABA combination <i>(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])</i>	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
	Review ongoing need for ICS <i>(If no AECOPD for 2yrs and/or blood eosinophil counts < 300 cells/μL consider option to taper ICS and follow-up.)</i>	☐ Done ☐ N/A	☐ Done ☐ N/A	☐ Done ☐ N/A
	Optimal inhaler device/technique	☐ Reviewed ☐ Device changed/education recommended	☐ Reviewed ☐ Device changed/education recommended	☐ Reviewed ☐ Device changed/education recommended
	Medication adherence/comments			
	Supplemental Oxygen – review need <i>(Do formal testing if O2 sat $\leq$ 92% breathing room air; FEV1 < 50% predicted; evidence of pulmonary hypertension, HF, polycythemia)</i>	☐ Yes ☐ N/A	☐ Yes ☐ N/A	☐ Yes ☐ N/A
Vaccines	Vaccines reviewed, details, comments <i>(Check EHR viewer for vaccine status)</i>			
Management Plan	Patient goals/self-management			
	Advance care planning <i>(Discuss as needed; provide resources)</i>			
	Referrals to medical specialists/ education/pulm rehab			
	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, visit saskatchewan.ca at https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/resources-for-health-care-providers/chronic-disease-management-quality-improvement-program.				