

SK CDM-QIP Diabetes + CAD Flow Sheet Version 2.3 March 2024

Type of Diabetes: ☐ Type 1 ☐ Type 2 ☐ Other Date Diagnosed/Duration of DM: _____		Patient Name: _____ Date of Birth: _____ HSN: _____	
CAD History and Interventions: ☐ MI or ACS date _____ ☐ Angina date _____ ☐ PCI/Angioplasty + stent date _____ ☐ PCI only date _____ ☐ CABG date _____			
Comorbidities: ☐ Hypertension ☐ HF ☐ AF ☐ CVA ☐ PAD ☐ OSA ☐ CKD stage ____ ☐ Mental Health Condition ☐ Other			
Subjective	Date:	Date:	Date:
Glycemic Management	A1c (target $\leq 7\%$ or _____)	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		
Cardiac History & Stability	Any CAD/PAD/HF symptoms (angina/MI symptoms, palpitations, exertional dyspnea, change in exercise tolerance, HF symptoms, edema, claudication, nitroglycerin use)		
	Change in functional status or new CV complications		
Psychosocial review	Is patient experiencing low mood/anhedonia/anxiety? Comments (Consider use of PHQ-9, GAD-7, diabetes distress scales)	☐ Yes ☐ No ☐ Not asked	☐ Yes ☐ No ☐ Not asked

		Date:	Date:	Date:
Lifestyle	Nutrition/Diet review			
	Physical activity <i>(Reduce sedentary time, aerobic plus resistance exercise)</i>			
	Smoking status	☐ Non-smoker ☐ Ex-smoker ☐ Smoker	☐ Non-smoker ☐ Ex-smoker ☐ Smoker	☐ Non-smoker ☐ Ex-smoker ☐ Smoker
	Smoking cessation advice <i>(if required)</i>	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
CVD Investigations	ECG <i>(Consider if CVD symptoms; q 1-2 years if stable)</i>	☐ Ordered today ☐ Up to date	☐ Ordered today ☐ Up to date	☐ Ordered today ☐ Up to date
	Other – Echo, Angiogram, Nuclear Med Perfusion Scan			
	Lipid profile – LDL, non-HDL <i>(Primary target: LDL < 2.0 mmol/L or >50% reduction with treatment; non-HDL < 2.6 mmol/L)</i>	Result Test Date LDL Non-HDL	Result Test Date LDL Non-HDL	Result Test Date LDL Non-HDL
Nephropathy	Serum creatinine	Result Test Date	Result Test Date	Result Test Date
	eGFR <i>(normal > 60ml/min)</i>	Result Test Date	Result Test Date	Result Test Date
	Nephropathy <i>(Abnormal ACR, eGFR on ≥ 2 tests in 3 months)</i>	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Retinopathy	Dilated eye exam <i>(type 1 annually, type 2 q1-2 years)</i>			
	Retinopathy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ 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>	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Peripheral neuropathy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Physical exam	Weight (kg)			
	BP (target 130/80)			
	Heart rate/rhythm			
	Diabetic foot exam			
	Other exam findings			
Vaccines	Vaccines reviewed details/ comments <i>(Check EHR viewer for vaccine status)</i>			

		Date:	Date:	Date:
CVD medications	Statin <i>(Indicated in all people with CAD+DM unless contraindicated or documented adverse effects; then consider other lipid-lowering agents)</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
	ACEi/ARB <i>(ACE inhibitor or ARB indicated indefinitely unless contraindicated)</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
	Beta blocker <i>(Indicated for all patients with normal LV function for minimum 3 years following ACS/MI unless contraindicated; specific beta-blockers recommended if reduced LVEF with prior MI or heart failure)</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
	Consider SGLT2i and/or GLP1a <i>-for cardiorenal benefit independent of glycemic control</i>			
	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>	☐ ASA ☐ Clopidogrel ☐ Other	☐ ASA ☐ Clopidogrel ☐ Other	☐ ASA ☐ Clopidogrel ☐ Other
	Review DAPT indication/ongoing use	☐ N/A ☐ Done	☐ N/A ☐ Done	☐ N/A ☐ Done
	CV medication adherence/ comments/notes			
Management Plan	Patient goals/self-management			
	Advance care planning <i>(Discuss as needed; provide resources)</i>			
	Referrals for education/nutrition/ exercise			
	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, 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 .				