SK CDM-QIP Diabetes + CAD Flow Sheet

Type of Diabetes: ☐ Type 1 ☐ Type 2 ☐ Other **Date Diagnosed/Duration of DM:** _____	**Patient Name:**
CAD History and Interventions: ☐ MI or ACS date _____ ☐ Angina date _____ ☐ PCI/Angioplasty + stent date _____ ☐ PCI only date _____ ☐ CABG date _____	**Date of Birth:** **HSN:**
Comorbidities: ☐ Hypertension ☐ HF ☐ AF ☐ CVA ☐ PAD ☐ OSA ☐ CKD stage ___ ☐ Mental Health Condition ☐ Other	

		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*			
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?** *(Consider use of PHQ-9, GAD-7, diabetes distress scales)* **Comments**	☐ Yes ☐ No ☐ Not asked	☐ Yes ☐ No ☐ Not asked	☐ Yes ☐ No ☐ Not asked

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		Date:	Date:	Date:
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 Investigations	**ECG** *(Consider if CVD symptoms; q 1-2 years if stable)*	☐ 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 (*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	**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)*			
	Heart rate/rhythm			
	Diabetic foot exam			
	Other exam findings			
Vaccines	**Vaccines reviewed Details/comments** *(Check EHR viewer for vaccine status)*			

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		Date:	Date:	Date:
CVD medications	**Statin** *(Indicated in all people with CAD+DM unless contraindicated or documented adverse effects; then consider other lipid-lowering agents)*	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 *(ACE inhibitor or ARB indicated indefinitely unless contraindicated)*	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 *(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)*	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 *- for cardiorenal benefit independent of glycemic control*			
	Antiplatelet agent *(Low-dose ASA indefinitely unless OAC indicated; dual antiplatelet therapy (DAPT) recommended for minimum 12 months after ACS and/or PCI)*	☐ 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 *(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*