

SK CDM-QIP Coronary Artery Disease + Heart Failure Flow Sheet

Type of Heart Failure: ☐ HFrEF (reduced ejection fraction LVEF ≤ 40%) ☐ HFpEF (preserved ejection fraction LVEF ≥ 50%) ☐ HFmrEF (minimally reduced ejection fraction LVEF 41-49%) Date of HF diagnosis: _____ (Echo LVEF _____%)		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 _____		Other Comorbidities: ☐ AF ☐ Valvular heart disease ☐ Cardiomyopathy ☐ Congenital heart ☐ Pacemaker ☐ ICD ☐ Diabetes ☐ OSA ☐ CKD stage _____																		
		Date:	Date:																	
Subjective																				
Cardiac Symptoms & Stability	New or change in CVD and/or HF symptoms <i>(angina/chest pain, edema, exertional dyspnea, decreased exercise tolerance, orthopnea/PND, palpitations, increased diuretic use, claudication)</i>	☐ No ☐ Yes:	☐ No ☐ Yes:																	
	NYHA Functional Class Class I: HF symptoms only at levels of exertion that would limit normal individuals Class II: HF symptoms with ordinary exertion Class III: HF symptoms with less than ordinary exertion Class IV: HF symptoms at rest	☐ class I ☐ class II ☐ class III ☐ class IV	☐ class I ☐ class II ☐ class III ☐ class IV																	
Psychosocial review	Is patient experiencing low mood/anhedonia/anxiety? <i>(Consider use of PHQ-9, GAD-7)</i>	☐ Yes ☐ No ☐ Not asked Comments:	☐ Yes ☐ No ☐ Not asked Comments:																	
Lifestyle	Nutrition/diet review <i>(Intake of sodium, alcohol, other fluids)</i>																			
	Physical activity <i>(consider referral to cardiac rehab if available)</i>																			
	Smoking status	☐ Non-smoker ☐ Ex-smoker ☐ Smoker	☐ Non-smoker ☐ Ex-smoker ☐ Smoker																	
	Smoking cessation advice (if required)	☐ Yes ☐ No	☐ Yes ☐ No																	
CVD Investigations	ECG <i>(Baseline resting ECG at diagnosis, repeat every 1- 2 years if stable, more frequent if change in CV symptoms)</i>	☐ Ordered today ☐ Up to date	☐ Ordered today ☐ Up to date																	
	Echocardiography <i>(At diagnosis; then about every 3 years if stable; more frequent if change in clinical status)</i>																			
	Angiogram/Nuclear Med Perfusion Scan																			
	Lipid profile – LDL, non-HDL <i>(non-fasting lipid profile recommended annually; treatment target is LDL-Chol < 2 mmol/L or >50% reduction from baseline; alternate target non-HDL < 2.6 mmol/L)</i>	<table border="0"> <tr> <td></td> <td>Result</td> <td>Test Date</td> </tr> <tr> <td>LDL</td> <td></td> <td></td> </tr> <tr> <td>Non-HDL</td> <td></td> <td></td> </tr> </table>		Result	Test Date	LDL			Non-HDL			<table border="0"> <tr> <td></td> <td>Result</td> <td>Test Date</td> </tr> <tr> <td>LDL</td> <td></td> <td></td> </tr> <tr> <td>Non-HDL</td> <td></td> <td></td> </tr> </table>		Result	Test Date	LDL			Non-HDL	
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Other Investigations	Screen for Diabetes (A1C or fasting glucose annually)			
	Screen for OSA (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 ☐ referred for sleep study ☐ known OSA diagnosis		☐ reviewed risk factors/screened ☐ referred for sleep study ☐ known OSA diagnosis
	Renal function and Lytes (Monitor as needed to ensure stability; adjust prescriptions; consider changes to diet/potassium intake if hyperkalemia)			
Physical exam & Volume Assessment	Weight (kg)			
	BP			
	Pulse / Rhythm			
	Other exam findings			
	Volume Assessment/Status (Assessment requires combination of history, symptoms, and clinical exam findings)	☐ Hypovolemic ☐ Euvolemic ☐ Fluid overload		☐ Hypovolemic ☐ Euvolemic ☐ Fluid overload
CVD medications	ACEi/ARB/ARNI (ACE inhibitor or ARB indicated indefinitely for CAD unless contraindicated) (ACE inhibitor or ARB or ARNI indicated for HFrEF 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
	Beta blocker (Indicated for all patients with CAD & normal LV function for minimum 3 years following ACS/MI unless contraindicated) (Bisoprolol, carvedilol or metoprolol SR indicated for all people with HFrEF)	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
	MRA (Indicated as part of standard HFrEF therapy [with ACEi/ARB/ARNI, beta-blocker, +/- SGLT2i]; must be able to monitor for hyperkalemia and changes to renal function)	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
	SGLT2 inhibitor (Dapagliflozin or empagliflozin indicated as part of HFrEF quadruple therapy. Dapagliflozin or empagliflozin indicated for treatment of HF with LVEF >40% (HFpEF or HFmrEF) (SGLT2i indicated for all ASCVD in people with diabetes type 2)	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
	Statin (Indicated in all people with CAD 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
	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
	Review DAPT indication/ongoing use	☐ N/A ☐ Done		☐ N/A ☐ Done

		Date:	Date:	Date:
CVD Medications	Other CV meds			
	HF medication adherence/comments/notes			
Vaccines	Vaccines reviewed, details, comments <i>(Check EHR viewer for vaccine status)</i>			
Management Plan	Patient goals/self-management			
	Patient HF education <i>(HF info sheet, action plan, nutrition resources)</i>			
	Advance care planning <i>(Discuss as needed; provide resources)</i>			
	Referrals for education/nutrition/cardiac rehab			
	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 – https://www.ehealthsask.ca/services/CDM/Pages/default.aspx				