

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

Type of Diabetes: ☐ Type 1 ☐ Type 2 ☐ Other Date Diagnosed/Duration of DM: _____		Patient Name: Date of Birth: HSN:	
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 _____%)		Other Comorbidities: ☐ CKD stage _____ ☐ Mental health condition ☐ OSA ☐ AF ☐ Cardiomypopathy ☐ Pacemaker ☐ Valvular heart disease ☐ Congenital heart ☐ ICD	
CAD History and Interventions: ☐ MI or ACS date _____ ☐ Angina date _____ ☐ PCI/Angioplasty + stent date _____ ☐ PCI only date _____ ☐ CABG date _____			
		Date:	Date:
Subjective			
Glycemic Management	A1c (target ≤ 7% or _____)	Result Test Date	Result Test Date
	Glycemic Therapy/Medications		
	Adherence/concerns		
	Review glucose records		
	Hypoglycemic episodes <i>Consider frequency, severity; provide educational resources</i>		
	DM and driving discussed <i>SGI medical reporting form if using insulin</i>		
	Sick day management reviewed <i>Consider SADMANS, other patient handouts</i>		
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:

		Date:	Date:	Date:
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	☐ Non-smoker ☐ Ex-smoker ☐ Smoker
	Smoking cessation advice (if required)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
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	☐ 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>	LDL Result Test Date Non-HDL	LDL Result Test Date Non-HDL	LDL Result Test Date Non-HDL
	Renal function and Lytes <i>(Monitor as needed to ensure stability; adjust prescriptions; consider changes to diet/potassium intake if hyperkalemia)</i>			
	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	☐ reviewed risk factors/screened ☐ referred for sleep study ☐ known OSA diagnosis
Nephropathy	Urine ACR (normal < 2 mg/mmol) <i>(not required if eGFR < 15 mL/min)</i>	Result Test Date	Result Test Date	Result Test Date
	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 <i>(Abnormal ACR, eGFR on ≥ 2 tests in 3 months)</i>	☐ 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 <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

		Date:	Date:	Date:
Physical exam & Volume Assessment	Weight (kg)			
	BP			
	Pulse / Rhythm			
	Diabetic foot exam			
	Other exam findings			
	HF Volume Assessment/Status <i>(Assessment requires combination of history, symptoms, and clinical exam findings)</i>	☐ Hypovolemic ☐ Euvolemic ☐ Fluid overload	☐ Hypovolemic ☐ Euvolemic ☐ Fluid overload	☐ Hypovolemic ☐ Euvolemic ☐ Fluid overload
CVD medications	ACEi/ARB/ARNI <i>(ACE inhibitor or ARB indicated indefinitely for CAD unless contraindicated) (ACE inhibitor or ARB or ARNI indicated for HFrEF 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 CAD & normal LV function for minimum 3 years following ACS/MI unless contraindicated) (Bisoprolol, carvedilol or metoprolol SR indicated for all people with HFrEF)</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
	MRA <i>(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)</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
	SGLT2 inhibitor <i>(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])</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
	Statin <i>(Indicated in all people with CAD 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
	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
	Other CV meds			
	Medication adherence/comments/notes			

		Date:	Date:	Date:
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/exercise/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				