

SK CDM-QIP CAD and Heart Failure Flow Sheet

Type of Heart Failure: <input type="checkbox"/> HF-REF [systolic] (reduced ejection fraction – LVEF <40%) <input type="checkbox"/> HF-PEF [diastolic] (preserved ejection fraction – LVEF>40%) <input type="checkbox"/> combined HF	Year Diagnosed: _____ Patient Name: _____ Date of Birth: _____ HSN: _____
CAD History and Interventions: <input type="checkbox"/> MI date _____ <input type="checkbox"/> Unstable Angina/ACS date _____ <input type="checkbox"/> Stable Angina date _____ <input type="checkbox"/> PCI date _____ <input type="checkbox"/> PCI with stent date _____ <input type="checkbox"/> CABG date _____	

Other Co-morbidities:
 Diabetes Hypertension Dyslipidemia CKD stage__ OSA Mental Health Condition Other _____

		Date:	Date:	Date:
Cardiac History & Stability	NEW Cardiac Symptoms / changes in therapy <i>Consider: dyspnea, edema, decrease exercise tolerance, orthopnea/PND, angina, Nitro use, palpitations</i>	<input type="checkbox"/> None <input type="checkbox"/> Yes:	<input type="checkbox"/> None <input type="checkbox"/> Yes:	<input type="checkbox"/> None <input type="checkbox"/> 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	<input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III <input type="checkbox"/> Class IV	<input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III <input type="checkbox"/> Class IV	<input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III <input type="checkbox"/> Class IV
Lifestyle	Nutrition/Diet review <i>HF: consider sodium & alcohol intake</i>			
	Physical Activity <i>HF: exercise training beneficial to improve clinical status in ambulatory patients</i>			
	Smoking Status <i>If Smoker, indicate actively quitting; contemplating quitting; no plan to quit; relapse</i>	<input type="checkbox"/> Non-smoker <input type="checkbox"/> Ex-smoker <input type="checkbox"/> Smoker _____	<input type="checkbox"/> Non-smoker <input type="checkbox"/> Ex-smoker <input type="checkbox"/> Smoker _____	<input type="checkbox"/> Non-smoker <input type="checkbox"/> Ex-smoker <input type="checkbox"/> Smoker _____
	Smoking Cessation Advice (if required)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Clinical Examination	Weight (kg) Height (cm) <i>HF -change in Wt important for volume assessment</i>			
	B.P. (CAD: target <140/90)			
	Heart rate / Rhythm			
	O2 sat (%)			
	JVP			
	Edema			
	Other exam findings			
Volume assessment <i>HF: includes combination of exam findings and history</i>		<input type="checkbox"/> Unchanged <input type="checkbox"/> Improved <input type="checkbox"/> Worse/deteriorated	<input type="checkbox"/> Unchanged <input type="checkbox"/> Improved <input type="checkbox"/> Worse/deteriorated	<input type="checkbox"/> Unchanged <input type="checkbox"/> Improved <input type="checkbox"/> Worse/deteriorated
Investigations	Echocardiography <i>HF: recommended at diagnosis; q 3-5yrs if stable; more frequent if change in clinical status / therapy</i>	test date result	test date result	test date result
	ECG <i>Recommended at diagnosis; consider if change in CV symptoms, and every 1-2 yrs if stable</i>	test date result	test date result	test date result
	Lipids - LDL <i>CAD: target LDL ≤ 2.0 or >50% reduction in LDL</i>	test date result	test date result	test date result
	Screen for DM if not diabetic <i>Fasting Glucose or A1c annually</i>	test date result	test date result	test date result
	Creatinine and Lytes <i>Monitor as needed to ensure stability, adjust Rx's</i>	<input type="checkbox"/> reviewed <input type="checkbox"/> stable <input type="checkbox"/> ordered <input type="checkbox"/> concern	<input type="checkbox"/> reviewed <input type="checkbox"/> stable <input type="checkbox"/> ordered <input type="checkbox"/> concern	<input type="checkbox"/> reviewed <input type="checkbox"/> stable <input type="checkbox"/> ordered <input type="checkbox"/> concern

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	Date:	Date:	Date:	
Medications	ACEi / ARB <i>HF: indicated for all people with HF-REF and any HF post MI unless c/i or not tolerated</i> <i>CAD: indicated for all people with CAD who also have hypertension, DM, LV systolic dysfunction and/or CKD, unless contra-indicated</i> Drug name/Dose:	Indicated: <input type="checkbox"/> continue <input type="checkbox"/> start <input type="checkbox"/> No - not appropriate <input type="checkbox"/> No - not tolerated <input type="checkbox"/> No - Pt. refused <input type="checkbox"/> No - unable to afford	Indicated: <input type="checkbox"/> continue <input type="checkbox"/> start <input type="checkbox"/> No - not appropriate <input type="checkbox"/> No - not tolerated <input type="checkbox"/> No - Pt. refused <input type="checkbox"/> No - unable to afford	Indicated: <input type="checkbox"/> continue <input type="checkbox"/> start <input type="checkbox"/> No - not appropriate <input type="checkbox"/> No - not tolerated <input type="checkbox"/> No - Pt. refused <input type="checkbox"/> No - unable to afford
	Statin <i>CAD: indicated for all people with CAD unless contra-indicated or documented adverse effects</i> Drug Name/Dose:	Indicated: <input type="checkbox"/> continue <input type="checkbox"/> start <input type="checkbox"/> No - not appropriate <input type="checkbox"/> No - not tolerated <input type="checkbox"/> No - Pt. refused <input type="checkbox"/> No - unable to afford	Indicated: <input type="checkbox"/> continue <input type="checkbox"/> start <input type="checkbox"/> No - not appropriate <input type="checkbox"/> No - not tolerated <input type="checkbox"/> No - Pt. refused <input type="checkbox"/> No - unable to afford	Indicated: <input type="checkbox"/> continue <input type="checkbox"/> start <input type="checkbox"/> No - not appropriate <input type="checkbox"/> No - not tolerated <input type="checkbox"/> No - Pt. refused <input type="checkbox"/> No - unable to afford
	Beta Blocker <i>HF: indicated for all people with HF-REF and any HF post MI unless c/i or not tolerated [recommended beta blockers – bisoprolol, carvedilol, metoprolol SR]</i> <i>CAD: indicated for min. 3 yrs following MI or ACS unless c/i.</i> Drug name/Dose:	Indicated: <input type="checkbox"/> continue <input type="checkbox"/> start <input type="checkbox"/> No - not appropriate <input type="checkbox"/> No - not tolerated <input type="checkbox"/> No - Pt. refused <input type="checkbox"/> No - unable to afford	Indicated: <input type="checkbox"/> continue <input type="checkbox"/> start <input type="checkbox"/> No - not appropriate <input type="checkbox"/> No - not tolerated <input type="checkbox"/> No - Pt. refused <input type="checkbox"/> No - unable to afford	Indicated: <input type="checkbox"/> continue <input type="checkbox"/> start <input type="checkbox"/> No - not appropriate <input type="checkbox"/> No - not tolerated <input type="checkbox"/> No - Pt. refused <input type="checkbox"/> No - unable to afford
	Aldosterone Antagonist <i>HF: indicated for people with HF-REF and any symptomatic HF (class II-IV) after optimization with ACEI and BB therapy; must be able to monitor for hyperkalemia, impaired renal function</i> Drug name/Dose:	Indicated: <input type="checkbox"/> continue <input type="checkbox"/> start <input type="checkbox"/> No - not appropriate <input type="checkbox"/> No - not tolerated <input type="checkbox"/> No - Pt. refused <input type="checkbox"/> No - unable to afford	Indicated: <input type="checkbox"/> continue <input type="checkbox"/> start <input type="checkbox"/> No - not appropriate <input type="checkbox"/> No - not tolerated <input type="checkbox"/> No - Pt. refused <input type="checkbox"/> No - unable to afford	Indicated: <input type="checkbox"/> continue <input type="checkbox"/> start <input type="checkbox"/> No - not appropriate <input type="checkbox"/> No - not tolerated <input type="checkbox"/> No - Pt. refused <input type="checkbox"/> No - unable to afford
	Digoxin <i>HF: recommended if sinus rhythm with mod-severe symptoms despite optimized HF therapy, or if chronic AF and inadequate ventricular rate control despite optimal BB therapy or BB c/i</i>	<input type="checkbox"/> Indicated– continue/start <input type="checkbox"/> Not indicated/tolerated	<input type="checkbox"/> Indicated– continue/start <input type="checkbox"/> Not indicated/tolerated	<input type="checkbox"/> Indicated– continue/start <input type="checkbox"/> Not indicated/tolerated
	Other CV Medications			
	Medication Adherence / Comments			
OSA	Screen for Obstructive Sleep Apnea <i>HF: do annually; use STOP BANG questionnaire and sleep study if needed</i>	<input type="checkbox"/> screened today <input type="checkbox"/> referred for sleep study <input type="checkbox"/> known OSA diagnosis	<input type="checkbox"/> screened today <input type="checkbox"/> referred for sleep study <input type="checkbox"/> known OSA diagnosis	<input type="checkbox"/> screened today <input type="checkbox"/> referred for sleep study <input type="checkbox"/> known OSA diagnosis
Psycho-social	Screened for Depression, Anxiety, other Stressors <i>Consider use of PHQ-9, GAD-7 questionnaires</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No Concerns:	<input type="checkbox"/> Yes <input type="checkbox"/> No Concerns:	<input type="checkbox"/> Yes <input type="checkbox"/> No Concerns:
Vaccines	Influenza <i>Annual</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes Reason:	<input type="checkbox"/> No <input type="checkbox"/> Yes Reason:	<input type="checkbox"/> No <input type="checkbox"/> Yes Reason:
	Pneumococcus <i>once; repeat if >65yr & very high risk for this infection)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No – reason:		
Management Plans	Patient education/self-management Consider every 6 months or if HF status changes. <i>Review salt restriction, alcohol intake, daily weights in morning after voiding, heart failure action plan, use of diuretic, when to seek urgent medical care</i>	<input type="checkbox"/> Not done <input type="checkbox"/> Reviewed:	<input type="checkbox"/> Not done <input type="checkbox"/> Reviewed:	<input type="checkbox"/> Not done <input type="checkbox"/> Reviewed:
	Referral to CDM / Self-management or Exercise Program <i>Consider “Live Well with Chronic Conditions” program and/or Cardiac Rehab program</i>	<input type="checkbox"/> Attending currently <input type="checkbox"/> Interested, will refer <input type="checkbox"/> Not indicated –medical reason <input type="checkbox"/> Patient declined <input type="checkbox"/> Barrier (financial/access) <input type="checkbox"/> Resource not available	<input type="checkbox"/> Attending currently <input type="checkbox"/> Interested, will refer <input type="checkbox"/> Not indicated –medical reason <input type="checkbox"/> Patient declined <input type="checkbox"/> Barrier (financial/access) <input type="checkbox"/> Resource not available	<input type="checkbox"/> Attending currently <input type="checkbox"/> Interested, will refer <input type="checkbox"/> Not indicated –medical reason <input type="checkbox"/> Patient declined <input type="checkbox"/> Barrier (financial/access) <input type="checkbox"/> Resource not available
	Advanced care planning / Health care directive			
	Resources shared with patient			
	Referrals made Other management / changes			

For CDM-QIP resources (screening tools, handouts, CPGs) please visit www.sma.sk.ca/cdm