

SK CDM-QIP CAD Flow Sheet

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 _____		Patient Name: _____ <hr/> Date of Birth: _____ <hr/> HSN: _____		
Co-morbidities: <input type="checkbox"/> Hypertension <input type="checkbox"/> Dyslipidemia <input type="checkbox"/> PAD <input type="checkbox"/> Prediabetes <input type="checkbox"/> CKD stage__ <input type="checkbox"/> Mental Health Condition <input type="checkbox"/> Other _____				
		Date:	Date:	Date:
	ER/Hospital since last visit			
Cardiac History & Stability	Cardiac Symptoms <i>(angina, palpitations, dyspnea, edema, nitroglycerin use)</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:
	Change in clinical function / New complications <i>(e.g. HF, arrhythmia)</i>	<input type="checkbox"/> No change <input type="checkbox"/> Yes:	<input type="checkbox"/> No change <input type="checkbox"/> Yes:	<input type="checkbox"/> No change <input type="checkbox"/> Yes:
Lifestyle	Nutrition/Diet review			
	Physical Activity			
	Smoking Status <i>(If Smoker, indicate actively quitting; contemplating quitting; no plan to quit; or 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 <i>(if required)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exam	Weight (kg) / Height (cm)			
	B.P. <i>(target <140/90)</i>			
	Pulse / Heart rate			
	Other exam notes			
Medications for CAD and Investigations	Lipids - LDL <i>(primary target: LDL ≤ 2.0 or >50% reduction in LDL)</i>	<small>test date</small> <small>result</small>	<small>test date</small> <small>result</small>	<small>test date</small> <small>result</small>
	Screen for DM <i>(Fasting Glucose or A1c annually)</i>	<small>test date</small> <small>result</small>	<small>test date</small> <small>result</small>	<small>test date</small> <small>result</small>
	Creatinine and Lytes <i>(monitor as needed to ensure stability)</i>			
	ECG <i>(consider if change in CV symptoms; every 1-2 yrs if stable)</i>			
	Statin <i>(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

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		Date:	Date:	Date:
Medications for CAD	ACEi / ARB <i>(indicated for all people with CAD who also have hypertension, DM, LV systolic dysfunction (LVEF ≤40%) 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
	Beta blocker <i>(indicated for all patients with normal LV function for min 3 yrs following MI or ACS unless contra-indicated) [specific beta blockers recommended if LV systolic dysfunction (LVEF ≤40%) with prior MI or heart failure]</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
	Antiplatelet Agent <i>(indicated for all people with CAD unless contra-indicated) (dual therapy usually recommended for only ONE year after ACS and/or stenting)</i>	<input type="checkbox"/> ASA <input type="checkbox"/> Clopidogrel 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	<input type="checkbox"/> ASA <input type="checkbox"/> Clopidogrel 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	<input type="checkbox"/> ASA <input type="checkbox"/> Clopidogrel 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
	Medication Adherence / Comments			
Psycho-social	Screened for Depression, Anxiety, other Stressors <i>(consider use of PHQ-9, GAD-7)</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 goals / self-management <i>(consider discussion about end of life/advanced care directive)</i>			
	Resources given to patient			
	Referrals made			
	Significant changes to medications / management			

For additional CDM-QIP resources, please visit www.sma.sk.ca/cdm