SK CDM-QIP Diabetes Flow Sheet

Type of Diabetes: ☐ Type 1 ☐ Type 2 ☐ Other_____
Date Diagnosed / Duration DM:

Patient Name:

Date of Birth:

HSN:

Co-morbidities:
☐ Hypertension
☐ Dyslipidemia
☐ CKD – stage ___
☐ CAD
☐ PAD
☐ CVA
☐ Mental Health Condition
☐ Other
_____ _____
_____

		Date:	Date:	Date:
Lifestyle	**Nutrition/Diet review**			
	Physical Activity *(Aerobic 150 mins/week, Resistance 2-3x/week)*			
	Smoking Status *(If Smoker, indicate actively quitting; contemplating quitting; no plan to quit; or relapse)*	☐ 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
Glycemic Control	**A1C** *(target ≤ 7% or _____)*	*test date* *result*	*test date* *result*	*test date* *result*
	Glycemic Therapy	☐ Diet alone ☐ Oral agents ☐ Insulin ☐ Other	☐ diet alone ☐ oral agents ☐ insulin ☐ other	☐ diet alone ☐ oral agents ☐ insulin ☐ other
	Diabetes medications *(Drug names/dosages)*			
	Therapy adherence/comments			
	BG record review *(do annual glucose meter/lab comparison)*			
	Hypoglycemic episodes *(consider frequency / pattern / effect on driving)*			
	Weight (kg) / **Height** (cm)			
	B.P. *(target <130/80)*			
Cardiovascular Risk Management	**Patient at <u>increased risk for CVD</u>?** *(if YES consider vascular protective medications)*	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	***At Increased Risk for CVD if DM with any of**: [1] Macrovascular or Microvascular disease, [2] age >40yrs, [3] duration of DM >15 yrs and age > 30yrs, or [4] warrants statin therapy based on the 2012 CCS Lipid Guidelines – includes traditional CV risk factors e.g. family history premature CVD, hypertension, smoking, obesity, hyperlipidemia.*			
	CAD screening – done today? *(If increased risk for CVD do periodic screening for CAD - assessment of cardiac symptoms and ECG)*	☐ Yes ☐ No ☐ Done in past year	☐ Yes ☐ No ☐ Done in past year	☐ Yes ☐ No ☐ Done in past year
	Cardiac or CVD symptoms *(angina / MI symptoms often absent; consider dyspnea on exertion, change in exercise tolerance, HF symptoms, claudication)*	☐ None ☐ Yes:	☐ None ☐ Yes:	☐ None ☐ Yes:
	ECG *(Baseline and every 2 yrs if increased risk for CVD; also if new CVD/CAD symptoms)*	☐ Done today ☐ Up to date ☐ Not indicated	☐ Done today ☐ Up to date ☐ Not indicated	☐ Done today ☐ Up to date ☐ Not indicated
	Lipids - LDL *(primary target: LDL ≤ 2.0 or >50% reduction in LDL)*	*test date* *result*	*test date* *result*	*test date* *result*
	Statin *(indicated if age >40yr; or if any age with micro- or macro-vascular disease; or if age >30yrs & DM duration >15yr)* **Drug Name/Dose:**	Indicated: ☐ Continue ☐ Start ☐ No - not appropriate ☐ No - not tolerated ☐ No - Pt. refused ☐ No - unable to afford	Indicated: ☐ Continue ☐ Start ☐ No - not appropriate ☐ No - not tolerated ☐ No - Pt. refused ☐ No - unable to afford	Indicated: ☐ Continue ☐ Start ☐ No - not appropriate ☐ No - not tolerated ☐ No - Pt. refused ☐ No - unable to afford
	ACEi / ARB *(indicated if age >55yr; or if any age with macro- or micro-vascular disease)* **Drug Name/Dose:**	Indicated: ☐ Continue ☐ Start ☐ No - not appropriate ☐ No - not tolerated ☐ No - Pt. refused ☐ No - unable to afford	Indicated: ☐ Continue ☐ Start ☐ No - not appropriate ☐ No - not tolerated ☐ No - Pt. refused ☐ No - unable to afford	Indicated: ☐ Continue ☐ Start ☐ No - not appropriate ☐ No - not tolerated ☐ No - Pt. refused ☐ No - unable to afford
		Date:	**Date:**	**Date:**

SK CDM-QIP Diabetes Flow Sheet

	Antiplatelet Agent *(indicated if established macrovascular disease)* **Drug Name/Dose:**	☐ Not indicated ☐ Yes	☐ Not indicated ☐ Yes	☐ Not indicated ☐ Yes
	CV Medication Adherence/Comments			
Nephropathy	**Urine ACR** *(normal < 2 mg/mmol)* *(not required if eGFR ≤ 15ml/min)*	*test date* *result*	*test date* *result*	*test date* *result*
	Serum Creatinine	*test date* *result*	*test date* *result*	*test date* *result*
	eGFR	*test date* *result*	*test date* *result*	*test date* *result*
	Nephropathy *(abnormal ACR, eGFR on ≥2 tests over ≥ 3 months)*	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Retinopathy	**Dilated Eye Exam** *date performed (mm/yy)* *(Type 1 – Annually, Type 2 – q1-2 years)*	☐ Up to Date	☐ Up to Date	☐ Up to Date
	Retinopathy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Severity/Comments			
Neuropathy	**Neuropathy Symptoms** (pain, paraesthesia, GI symptoms, sexual dysfunction, DM Foot complications/symptoms)	☐ None ☐ Yes:	☐ None ☐ Yes:	☐ None ☐ Yes:
	Diabetic Foot Exam	☐ Not performed ☐ Performed: Sensation_____ Pulses_____ Lesions_____	☐ Not performed ☐ Performed: Sensation_____ Pulses_____ Lesions_____	☐ Not performed ☐ Performed: Sensation_____ Pulses_____ Lesions_____
	Peripheral Neuropathy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Psycho-social	**Screened for Depression, Anxiety, other Stressors** *(consider use of PHQ-9, GAD-7)*	☐ Yes ☐ No Concerns:	☐ Yes ☐ No Concerns:	☐ Yes ☐ No Concerns:
Vaccines	**Influenza** *(annual)*	☐ No ☐ Yes Reason:	☐ No ☐ Yes Reason:	☐ No ☐ Yes Reason:
	Pneumococcus *(once; repeat if >65yr & very high risk for this infection)*	☐ Yes ☐ No – Reason:		
Management Plans	**Patient goals / self-management** *(consider discussion about end of life/advanced care directive)*			
	Resources given to patient			
	Referrals made			
	Significant changes to medications or other management			
	For female patients *- consider contraception / preconception planning in females of childbearing age*			

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