SK CDM-QIP Diabetes + CAD Flow Sheet

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

Patient Name:

Date of Birth:

HSN:

CAD history and Interventions:
☐ MI date _____ ☐ PCI / Stent date _____
☐ Unstable Angina date _____ ☐ CABG date _____
☐ Stable Angina date _____

Co-morbidities:
☐ Hypertension ☐ Dyslipidemia ☐ PAD ☐ CKD stage__ ☐ Mental Health Condition ☐ Other_____

		Date:	Date:	Date:
Lifestyle	**Nutrition/Diet review**			
	Physical Activity *(Aerobic 150 mins/wk, Resistance 2-3x/wk)*			
	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)*			
	Glycemic 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)*			
	Pulse / Heart rate			
Cardiac history	**Cardiac and other CVD symptoms** *(angina, palpitations, dyspnea, edema, nitroglycerin use, claudication)*	☐ None ☐ Yes:	☐ None ☐ Yes:	☐ None ☐ Yes:
Medications for CAD and Investigations	**ECG** *(Consider if change in CV symptoms; every 1-2 yrs if stable)*			
	Lipids - LDL *(primary target: LDL ≤ 2.0 or >50% reduction in LDL)*	*test date* *result*	*test date* *result*	*test date* *result*
	Statin *(indicated for all people with CAD unless contra-indicated or documented adverse effects)* **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 for all people with CAD who also have hypertension, DM, LV systolic dysfunction (LVEF ≤40%) and/or CKD, unless contra-indicated)* **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
	Beta Blocker *(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]* **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

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		Date:	Date:	Date:
Medications	**Antiplatelet Agent** *(indicated for all people with CAD unless contra-indicated)* *(dual therapy usually recommended for only ONE year after ACS and/or stenting)*	☐ASA ☐Clopidogrel Indicated:☐Continue ☐Start ☐ No - not appropriate ☐ No - not tolerated ☐ No - Pt. refused ☐ No - unable to afford	☐ASA ☐Clopidogrel Indicated:☐Continue ☐Start ☐ No - not appropriate ☐ No - not tolerated ☐ No - Pt. refused ☐ No - unable to afford	☐ASA ☐Clopidogrel Indicated:☐Continue ☐Start ☐ No - not appropriate ☐ No - not tolerated ☐ No - Pt. refused ☐ No - unable to afford
	Cardiac Medications 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 meds / management			

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