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Appendix 3

Sample Diabetes Patient Care Flow Sheet for Adults

Type of diabetes: ☐ Type 1 ☐ Type 2 ☐ Other **Date Diagnosed:**	**Patient Name:**
Comorbidities: ☐ Hypertension ☐ Coronary artery disease ☐ Stroke/TIA ☐ Dyslipidemia ☐ Peripheral arterial disease ☐ Depression/Anxiety ☐ CKD - stage ________ ☐ Other(s):	**Date of Birth:**

		Date:	**Date:**	**Date:**
Healthy behaviour interventions	**Weight** (kg) **Height** (cm) **BMI** **Waist circumference** (cm)	Wt _____ Ht _____ BMI _____ WC _____	Wt _____ Ht _____ BMI _____ WC _____	Wt _____ Ht _____ BMI _____ WC _____
	Nutrition			
	Physical Activity (Aerobic 150 mins/week, Resistance 2-3x/week)			
	Smoking Status	☐ Non-smoker ☐ Ex-smoker ☐ Smoker	☐ Non-smoker ☐ Ex-smoker ☐ Smoker	☐ Non-smoker ☐ Ex-smoker ☐ Smoker
Glycemic control	**A1C** (target: ≤7% or ________ %) (Individualize based on patient characteristics and antihyperglycemic medication(s) – see CPG) (q3 months. If at target and stable - q6 months)	Test Date: Result:	Test Date: Result:	Test Date: Result:
	Antihyperglycemic Medication(s) **Drug Name(s)/Dose(s):**			
	Therapy Adherence/Concerns			
	BG Record (targets: premeal: 4-7 mmol/L or ________ mmol/L; 2hr postmeal: 5-10 mmol/L or __________ mmol/L) (Individualize based on ability to achieve A1C target + risk of hypoglycemia) (Annual fasting glucose meter/lab comparison)	Meter/Lab	Meter/Lab	Meter/Lab
	Hypoglycemic Episodes (frequency/pattern/driving risk)			
CV Risk Assessment and Management	**BP** (target <130/80 mmHg, 3 readings recommended) **Pulse**			
	Antihypertensive(s) **Drug Name(s)/Dose(s):**			
	CVD Symptoms (angina, decreased exercise tolerance, SOB, HF symptoms, claudication)	☐ None ☐ Yes	☐ None ☐ Yes	☐ None ☐ Yes
	Resting ECG, every 3-5 yrs If any: age >40 yrs; duration of diabetes >15 yrs + age >30 years; end organ damage (microvascular, CV); >1 CV risk factor(s)	Date: Report:	Date: Report:	Date: Report:
	Lipids (primary target: LDL <2.0 mmol/L or >50% reduction in LDL, or non-HDL <2.6 mmol/L or apo B <0.8 g/L)	LDL-C non-HDL-C test date:	LDL-C non-HDL-C test date:	LDL-C non-HDL-C test date:
	Lipid-lowering Therapy **Statin +/- 2nd line agent(s)** **Drug Name(s)/Dose(s):** (If any: clinical CVD; age ≥40 yrs; age <40 yrs + 1 of the following: diabetes duration >15 yrs and age >30 yrs; microvascular complications; warrants therapy based on presence of other risk factors according to 2016 CCS Lipid Guidelines)	☐ Continue ☐ Start ☐ No – reason:	☐ Continue ☐ Start ☐ No – reason:	☐ Continue ☐ Start ☐ No – reason:
	ACE inhibitor/ ARB **Drug Name(s)/Dose(s):** If any: clinical CVD; age >55 yrs with an additional CV risk factor or end organ damage (albuminuria, retinopathy, LVH); microvascular complications	☐ Continue ☐ Start ☐ No – reason:	☐ Continue ☐ Start ☐ No – reason:	☐ Continue ☐ Start ☐ No – reason:

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		Date:	Date:	Date:
	Antihyperglycemic Agent with Demonstrated CV Outcome Benefit **Drug Name(s)/Dose(s):** (If type 2 DM with clinical CVD not at glycemic target - empagliflozin, liraglutide, canagliflozin)	☐ Continue ☐ Start ☐ No – reason:	☐ Continue ☐ Start ☐ No – reason:	☐ Continue ☐ Start ☐ No – reason:
	Antiplatelet Agent(s) **Drug Name(s)/Dose(s):** (If established CVD; consider if additional CV risk factors)	☐ Not indicated ☐ Yes	☐ Not indicated ☐ Yes	☐ Not indicated ☐ Yes
CKD	**Urine ACR** (normal <2 mg/mmol)	Test Date: Result:	Test Date: Result:	Test Date: Result:
CKD	**Serum Creatinine/eGFR**	Test Date: Result:	Test Date: Result:	Test Date: Result:
CKD	**CKD**	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Retinopathy	**Dilated Eye Exam** (type 1 – annually; type 2 – q1-2 years or as recommended by vision care professional)	☐ Date of last visit: ☐ Reminded	☐ Date of last visit: ☐ Reminded	☐ Date of last visit: ☐ Reminded
Retinopathy	**Retinopathy**	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Retinopathy	**Severity/Therapies**			
Neuropathy	**Neuropathy Symptoms** (e.g. pain, paresthesia, GI symptoms, sexual dysfunction)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Neuropathy	**Diabetic Foot Exam** (includes 10 g monofilament or 128 Hz tuning fork, structural abnormalities, skin changes, pulses) (annually for screening; every visit if diabetic foot complications) See Appendices 11A, 11B and 12	Sensation ______ Pulses ______ Skin ______ Other ______	Sensation ______ Pulses ______ Skin ______ Other ______	Sensation ______ Pulses ______ Skin ______ Other ______
Neuropathy	**Neuropathy**	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Mental Health	**Screen for Depression, Anxiety, Other Stressors** (consider use of PHQ-9, GAD-7)	Concerns:	Concerns:	Concerns:
Vaccination	**Influenza** (annual)	☐ No ☐ Yes Reason: Date:	☐ No ☐ Yes Reason: Date:	☐ No ☐ Yes Reason: Date:
Vaccination	**Pneumococcal** (once; repeat if >65 yrs)	☐ Yes Date:	☐ No Reason:	
Management Plans	**Patient Goals** **Barriers to Self-management** (e.g. coverage, accessibility, competing demands)			
Management Plans	**Women** Contraception/preconception planning			
Management Plans	**Driving Guidelines Reviewed**			
Management Plans	**Sick-Day Management** (advise holding metformin, SGLT2i, SU, ACEi/ARB, diuretic, NSAIDs if inadequate fluid intake and ill			
Management Plans	**Referrals Made**			
Management Plans	**Changes to Medications or Other Management**			
Management Plans	**Resources Provided**			
	RECALL (usually q3-4 months)	☐ Appointment given ☐ Noted in recall system	☐ Appointment given ☐ Noted in recall system	☐ Appointment given ☐ Noted in recall system

For additional diabetes management resources, visit **www.guidelines.diabetes.ca.**