NCD patient card for Diabetes, Hypertension or elevated cardiovascular risk

National ID No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

District:_____ **Health unit:**_____ **At enrolment: Date:** ___/___/___ **Cohort year: 20_ _** **NCD No.** ☐☐☐☐☐☐☐☐

1. Patient/Supporter/CHW details

Patient name			
Pt file #	Age	Birth M/Y	☐M ☐ F
Physical address Location:	Village: Parish: Subcounty: District:		
Patient phone			
Supporter, relationship	Name		
	Phone		
Community health worker	Name		
	Phone		

7. Follow-up status	Date			
Transfer out				
-- to where				
Lost to follow-up+				
Dead				

+Not seen in 1 year since last missed appointment

2. Patient overview (complete at initiation and update as necessary)

Diagnoses			
Prior CVD	Date:	☐ Hypertension	Date:
		☐ Diabetes Type ☐ 1 ☐ 2	Date:
		☐ Chronic kidney disease	Date:

Check if **family history** in 1st degree relative with:
☐ premature CVD (M<55 yrs; F<65 yrs) ☐ kidney disease
☐ hypertension ☐ diabetes type 1 or 2 (circle) ☐ other (specify)

Complications/co-morbid conditions**		
Eye problems	☐ bad/reduced **vision**, m/y: ☐ **b**lindness, m/y:	*If able to diagnose or with documentation:* ☐ **r**etinopathy, m/y:
Heart/brain problems	☐ **s**troke*, m/y: ☐ heart attack (**MI**)*, m/y:	☐ **a**ngina*, m/y: ☐ **TIA***, m/y: ☐ **a**trial **f**ibrillation, m/y: ☐ **h**eart failure, m/y: ☐ **r**heumatic **h**eart **d**isease, m/y:
Kidney problems	☐ **protein** in urine (≥2 tests), m/y: ☐ **e**levated **c**reatinine, m/y:	☐ nephropathy*, m/y:
Foot/leg	☐ DM foot **u**lcer, m/y: ☐ **amp**utation, m/y:	☐ **p**eripheral **v**ascular **d**isease*, m/y:
Nerve	☐ **p**ins and **n**eedles (peripheral neuropathy), m/y:	☐ **e**rectile **d**ysfunction, m/y:
HIV* **	☐ negative ☐ unknown ☐ **positive--year**: **ART start date**: ARVs: Unique ID: Facility:	
TB	☐ TB suspected? Send sputum/Refer **Year TB+**: ☐ TB Rx Start date: End date:	
Mental health	☐ depression ☐ harmful alcohol use/dependence ☐ other substance use ☐ other:……	
Other comorbidities	☐ obesity (BMI≥30) ☐ other (specify)	**LINK** other NCDs: ☐asthma ☐COPD ☐cancer:……

* Prior CVD=MI, stroke, angina, TIA, PVD **Ask for documentation to confirm *** If HIV- or unknown, continue to carry out risk counseling and retest per guidelines

3. Drug allergies/contraindications

4. Other medications (include herbal)

8. Notes

_____
_____
_____
_____
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5. NCD referral out/hospitalization history

Date	Days if hosp.	Reason for referral out or admission	Diagnosis	Any investigations	Recommended meds

6. Initial visit and annually or with change of clinical status

All patients PCVD/CKD/HTN/DM					DM patients only- fill in date/results						
Date (lab test or referral)	Total cholesterol	Serum creatinine	Serum potassium	Urine dipstick+	**Date**	HbA1c (q 6 mos)	Referral for eye exam (initial, annual) (fill date)	Urine ‡ albumin	eGFR	Screen for TB# (tick)	Other, notes - specify
	mmol/L					%					
	mmol/L					%					
	mmol/L					%					
	mmol/L					%					
	mmol/L					%					

+Urine ketones for new DM or suspected high blood glucose ‡If done, urine micoralbumin #TB signs include: cough>2 weeks, persistent fever, weight loss, night sweats

NCD No. ☐☐☐☐☐☐☐☐

Diabetes, hypertension or elevated cardiovascular risk CARD

Name_____

Visit date ☐Tick small box if scheduled	Follow-up visit date	Ht (m) in box below ☐ Wt (kg) - top BMI (kg/m²) - bottom (Circle if obese)	BP (2x)	If DM, blood glucose (mmol/L) Circle Fasting or Random)	Risk assessment: Smoking in last yr (Y/N or Quit)	Risk assessment: Alcohol in last mo.(Y/N),# units/day	Risk assessment: Adequate physical activity (Y/N)	Risk assessment: CVD risk % or PCVD	Signs and symptoms (fill in)	If DM, foot check (see codes)	If woman childbearing age, pregnant? (Y/N)	Medications (record STOP, why if health worker stops meds) — Write in name in header, record dose/frequency below: Insulin: Type :	Insulin: Dose/Frequency	OHA: Metformin	OHA: Sulfonyl:	OHA: Other_____	Anti-hypertensives: TD:	Anti-hypertensives: CCB:	Anti-hypertensives: ACE/ARB:	Anti-hypertensives: BB:	Anti-hypertensives: FDC:	Other meds: Statin:	Other meds: Aspirin, 75mg	Other meds: Other treatment:	Adherence-missed dose in last mo. (YN). If Y, why	Urgent mgmt, send to hospital, refer, consult or link	Comments (incl. current plan, observations, complications and update pt history, stable/modify Rx, counselling, lab orders)	HW name
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Stop reasons

1 Medication side effects
2 Drug interactions
3 Severe illness, hospitalization
4 Medications not working
5 Drugs out of stock
6 Formulary change
7 Other (specify)

BMI

<18.5: **U**nderweight
18.5-24.9: **N**ormal
≥25: **O**verweight
≥30: **Ob**ese (if obese, circle BMI, fill out front of card)

Risk assessment - follow-up on counseling page

Waist circumference in cm
Smoking: how many cigarettes/day
Alcohol: 1 unit=half pint (237ml) of beer/lager (5% alcohol); 100ml wine (10% alcohol); 25ml spirits (40% alcohol)
Adequate physical activity: Y if more than 30 minutes/day x 5 (150 minutes/week)

Possible signs and symptoms

Excessive **U**rination
Excessive **T**hirst or drinking of water
Excessive hunger or **W**eight **L**oss
Nocturia
Headache
Visual changes – e.g. blurry vision
Fatigue
Palpitations or chest pain
Fever
Cough
Dizziness
Shortness of **b**reath
PN Tingling, numb or painful feet or legs
Poor **W**ound healing
Sexual problems (e.g. inability to maintain erection)
Oedema
Other (specify)

Foot check

If diabetes or known foot/leg problems (PVD) (may have more than one):
Tick (✓) if done
X=Not done
Normal
Neuropathy
PVD=peripheral vascular disease
Deformities
Ulcers-consider refer
Abscess or deep infection-refer
Gangrene-refer

Reason for poor adherence to meds

1 Forgot
2 Asleep
3 Change of routine or busy
4 Travel cost
5 Limited patient finances
6 Distance to clinic
7 Patient lost/ran out of pills
8 Stock out of medicines
9 Toxicity/side effects
10 Feels ill
11 Pill burden
12 Felt well
13 Depression
14 Alcohol/substance abuse
15 Stigma/disclosure concerns
16 Lack of food
17 Poor palatability
18 Patient decision
19 Patient did not know to continue
20 Other (specify)

Medication abbreviations

Write in code, and dose and frequency in rows. If change, then fill in row.
Insulin: Fill in type e.g. **L**ong (basal)- or **S**hort-acting or **M**ixed
Oral hypoglycaemics (OHA):
Metformin**;Sulfonyl**urea-**glim**epiride, **gliben**clamide
Anti-hypertensives:
TD=thiazide diuretic-**bendro**flumethiazide**,** hydrochlorothiazide (**HCTZ)**
CCB=calcium channel blocker e.g. **n**ifedipine, **am**lodipine
BB=beta blocker e.g. **at**enolol, **b**isoprolol, **meto**prolol, **c**arvedilol
ACE/ARB= angiotensin converting enzyme inhibitor e.g. **e**nalapril, **capto**pril, **R**amipril; angiotensin receptor blocker-**l**osartan, **t**elmisartan, **v**alsartan
FDC=fixed-dose combination
Statin=e.g. **ator**vastatin, **s**imvastatin

Follow-up education and support for diabetes, hypertension and elevated cardiovascular risk (Information on questions asked, advice/counsel given)

		DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE
Educate on basics, healthy lifestyle	Basic diabetes or hypertension education	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Lifestyle: diet – # portions of fruits and vegetables	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Lifestyle: diet -- HTN	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Lifestyle: diet -- DM	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Lifestyle: physical activity (how much)	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Lifestyle: weight reduction (check waist circumference in cm (WC) – counsel if M≥102 F≥88)	Y N WC	Y N WC	Y N WC	Y N WC	Y N WC	Y N WC	Y N WC	Y N WC	Y N WC
	Lifestyle: tobacco cessation, (#cigs/d), other tobacco use	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Lifestyle: reduction of hazardous or harmful alcohol use	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Record functional status: **W**orking (or playing), **A**mbulatory or **B**edridden									
	Reproductive choices, pregnancy and breastfeeding	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Treatment: preparation, initiation, modification and ongoing support, monitoring	Progression and complications of disease	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Treatment availability	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Foot care and maintenance (prevention of wounds and ulcers)	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Follow-up appointments, clinical team	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Adherence preparation, ongoing support, indicate visits; adherence plan (schedule, aids, explain diary)	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Treatment supporter preparation	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Possible side effects, how to manage side effects, discuss current side effects	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Explain dose, what to do if one forgets or when travelling, when to take, check patient understanding of treatment (dosage)	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Poor adherence support: which doses, why missed	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	How to contact clinic, what to do in emergency	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Home-based care, support	If on insulin, advise on storage and injection techniques (per guidelines)	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Home environment, home-based care – specify	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Community support, support groups	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N