|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CHRONIC CARE: TREATMENT CARD  CVD, hypertension and diabetes | | | | |
| **Name:** | **Sex:** | **DOB:** | **Age:** | **Date first visit:** |
| **Village:** | **Unique number:** | | | **Treatment supporter:** |
| **Ward/street:** | **Phone:** | | | **Relationship to client:** |
| **Local Government Area (LGA)** | **Nearest health facility:** | | | **Telephone:** |
| **Treatment contract***:*  *I understand that I have (insert condition)…………………………………………………………………….……*  *I agree to attend all appointments, take my medications, be active, eat healthily and stop smoking.* | | | | |
| **Patient’s signature:** | **Health worker’s signature:** | | | **Date:** |

**At each review clinic appointment, you and your health care worker should:**

* discuss any symptoms and possible side effects of medication
* discuss any questions about the disease itself
* make sure you know how to recognise any severe problems that need action
* discuss the lifestyle actions that are most important: daily activity, healthy eating, low salt, little or no alcohol and maintaining correct weight
* controlling blood pressure/sugar levels and symptoms so as to reduce the risk of having heart disease, strokes, kidney disease and eye problems
* understand that treatment is lifelong

**At diagnosis** you will have checks on blood pressure (BP), fasting blood sugar (FBS), or random if fasting not possible, urine for protein (blood for creatinine if available).

**Monthly review** is advised until BP and/or symptoms, and/or blood sugar are at target level.

**Once your condition is stable** follow-up reviews are recommended at these intervals:

|  |  |
| --- | --- |
| Hypertension: | 6-monthly review for BP, urine sample annually |
| Diabetes: | 6-monthly review for BP, urine sample, blood for fasting sugar, annual eyesight check, foot examination, urine and blood for kidney function |
| CVD: | annual review BP, FBS, urine sample |

If BP, or FBS, or symptoms are not controlled, your medication will be increased in steps.

**You may need to take two or three (occasionally more) medications to control your problem; your doctor/health worker will discuss these with you.**

**Your medication can be dispensed monthly under a repeat prescribing plan so you do not need to be seen at the clinic each month.**

**Example of how to complete the chronic care treatment card**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** Cynthia Onwaku **Date of birth:** | | | | |
| Date of appointment | 24.5.16 | 25. 8.16 | 25.11.16 | *Next appoint…* |
| Type of appointment | Annual review | 6 month review |  |  |
| Waist circumference (target <104cm men, <88cm women | 104cm | 101cm |  |  |
| Weight (BMI <25 ) |  |  |  |  |
| Blood pressure (target 140/90, 130/80 if diabetic) | 135/85 | 130/80 |  |  |
| Fasting BS (ideal 4-7),  if diabetic every time seen  increase meds if >7 , review 3/12 if 7-9.9, >10 review 1/12 | 9.8 | 6.8 |  |  |
| Random blood sugar  (annual if >40 yr and overweight or hypertension or CVD) if <11 |  |  |  |  |
| Urine dip protein, sugar (ketones diabetic) annual | Normal | Normal |  |  |
| Other tests eg cholesterol, creatinine, Hb) as needed |  |  |  |  |
| Eye check – diabetics (annual) | No problems fundi normal | No problems |  |  |
| Foot check diabetics, annual, sensation, pulses, ulcers | NIL | NIL |  |  |
| TREATMENT  including dose | Metformin 500mg od | Metformin 500mg bd |  |  |
| New drugs started | NIL | NIL |  |  |
| Drugs stopped | NIL | NIL |  |  |
| Side effects | NIL | NIL |  |  |
| Advice | ↑metformin to 500mg bd | Reminders on phone for bd |  |  |
| Other relevant conditions | - | - |  |  |
| LIFESTYLE ADVICE area to be addressed. Notes on progress. Smoking/diet/ exercise/avoiding alcohol and dehydration.  Recognising warning signs. | Diet explained – non-smoker, aware of foot care, risk of infections | Diet – discussed how activity can be part of normal life – will walk to work |  |  |
| Disease education leaflet given? | No – not available | Given |  |  |
| Referred to health educator? | No - not available | No - not available |  |  |
| SYMPTOMS chest pain, infections, ulcers, etc. | None | None |  |  |
| Complications | None | None |  |  |
| Family planning if relevant | To midwife as wants IUD | Has IUD |  |  |
| Comments |  |  |  |  |
| Follow-up appointment due | 3 months | 3 months |  |  |

**CHRONIC CARE TREATMENT CARD**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name: Date of birth:** | | | | |
| Date of appointment |  |  |  |  |
| Type of appointment |  |  |  |  |
| Waist circumference (target <104cm men <88cm women) |  |  |  |  |
| Weight (BMI <25 ) |  |  |  |  |
| Blood pressure (target 140/90, 130/80 if diabetic) |  |  |  |  |
| Fasting BS (ideal 4-7)  if diabetic every time seen,  increase meds if >7, review 3/12 if 7-9.9, >10 review 1/12 |  |  |  |  |
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| Urine dip protein, sugar (ketones diabetic) annual |  |  |  |  |
| Other tests eg cholesterol, creatinine, Hb) as needed |  |  |  |  |
| Eye check – diabetics annual |  |  |  |  |
| Foot check diabetics, annual  Sensation, pulses, ulcers |  |  |  |  |
| TREATMENT  including dose |  |  |  |  |
| New drugs started |  |  |  |  |
| Drugs stopped |  |  |  |  |
| Side effects |  |  |  |  |
| Advice |  |  |  |  |
| Other relevant conditions |  |  |  |  |
| LIFESTYLE ADVICE area to be addressed. Notes on progress. Smoking/diet/ exercise/avoiding alcohol and dehydration.  Recognising warning signs. |  |  |  |  |
| Disease education leaflet given? |  |  |  |  |
| Referred to health educator? |  |  |  |  |
| SYMPTOMS chest pain, infections, ulcers, etc. |  |  |  |  |
| Complications |  |  |  |  |
| Family planning if relevant |  |  |  |  |
| Comments |  |  |  |  |
| Follow-up appointment due |  |  |  |  |