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		

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