

The Atlantic Provinces Medical Peer Review



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**MANAGEMENT OF SPECIFIC DISEASE ENTITIES - Family Medicine/Internal Medicine
1 - CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)**

Preventive Measures:

- ✓ discussion of smoking cessation; annual influenza vaccination; pneumococcal vaccine; exercise program

All Patients with COPD:

- ✓ documented history of exacerbations with increased sputum production and purulence; increased dyspnea
- ✓ documented physical findings of increased respiratory rate and wheezing; diffuse crackles without localization
- ✓ investigations include spirometry with measurement of peak flow and/or FEV1; measurement of oxygen saturation (+/- blood gases) in moderate to severe cases

Therapies:

- ✓ Bronchodilator Therapy: use of Ipratropium and short-acting beta Agonists for mild cases; long acting bronchodilators for moderate to severe COPD
- ✓ Corticosteroid Therapy: appropriate use of systemic or inhaled steroids
- ✓ Oxygen Therapy: optimum oxygenation; use of respiratory specialist referral
- ✓ Antibiotics: antibiotic use appropriate for exacerbations and level of severity

	N/A	E	S	D
There is evidence that the appropriate preventive measures have been discussed and/or implemented.				
One or more of the appropriate therapies has been undertaken.				
Regular monitoring and documentation of treatment is evident in the event of exacerbation of COPD.				

COMMENTS: _____

**MANAGEMENT OF SPECIFIC DISEASE ENTITIES - Internal Medicine
#2 - BACTERIAL PNEUMONIA**

General Prevention: influenza and pneumococcal vaccine, smoking cessation, avoid indiscriminate use of antibiotics for minor URI's

Risk Factors: For individuals ≥ 60 years: alcoholism, asthma, immunosuppression, institutionalization, age ≥ 70
For pneumococcal infections: dementia, seizure disorders, CHF, CVA disease, COPD

Signs & Symptoms:

- ✓ fever, chills, rigors, cough, pleuritic chest pain, mucopurulent sputum
- ✓ crackles, decreased breath sounds, dullness to percussion, egophony
- ✓ tachypnea, tachycardia or bradycardia, cyanosis
- ✓ possible confusion, anxiety, restlessness; also abdominal pain, diarrhea, anorexia

Diagnosis:

- ✓ office or nursing home patients: chest x-ray
ER, ward, ICU: chest X-ray, sputum culture, blood cultures, CBC with differential, chemistries, oximetry, ABG if COPD, thoracentesis if indicated, consider urine testing for Legionella or pneumococcal antigen
- ✓ differential diagnosis: viruses, pulmonary embolism with infarction, cryptogenic organizing pneumonia, pulmonary contusion or vasculitis, sarcoidosis, ARDS, pneumothorax

Therapies:

- ✓ hospitalization considered: assessment of co-morbidities, calculation of pneumonia severity (Fine criteria)
- ✓ medication: outpatient, no co-morbidities or COPD with no antibiotics or steroids in past three months: macrolide or doxycycline
- ✓ medication: outpatient with co-morbidities or COPD with antibiotic or steroid use past 3 months or nursing home resident in nursing home: avoid previously used class, use respiratory fluoroquinolone or amox/clav + macrolide or 2nd generation cephalosporin + macrolide
- ✓ medication: inpatient: fluoroquinolone or 2nd, 3rd or 4th generation cephalosporin + macrolide
- ✓ ICU: Pseudomonas No: Ceftriaxone/ceftriaxone/B-Lactam agent + respiratory fluoroquinolone
- ✓ ICU: Pseudomonas Yes: antipseudomonal B-Lactam agent + either respiratory fluoroquinolone or aminoglycoside

	N/A	E	S	D
Evidence that general prevention and risk factors have been discussed and considered.				
Diagnostic measures including history, physical exam and medical imaging have been utilized.				
Hospitalization criteria, medication and follow-up all appropriate.				

COMMENTS: _____

MANAGEMENT OF SPECIFIC DISEASE ENTITIES - #3 HYPERTENSION
Cardiology/Family Medicine/Internal Medicine/Nephrology

All patients with hypertension

- ✓ Blood pressure measured and recorded in all office visits and/or home 24 hr BP monitor
- ✓ Health Behaviour Management
 - Physical exercise 30 -60 minutes 4-7 days per week
 - Weight reduction
 - Alcohol 2 drinks or less per day, max 14 per week for men, 9 per week for women
 - DASH diet
 - Sodium restriction to less than 2 g of sodium per day
 - Stress management

Therapies

- ✓ Antihypertensives should be strongly considered for average
 - SBP > 160 mmHg or DBP > 100 mmHg in absence of other cardiovascular risk factors
 - SBP > 140 mmHg or DBP > 90 mmHg in the presence of macrovascular target organ damage or other independent cardiovascular risk factors
- ✓ Goals of treatment
 - SBP treatment goal < 140 mmHg, DBP treatment goal < 90 mmHg
 - In diabetic patients, SBP goal < 130 mmHg, DBP goal < 80 mmHG
- ✓ Choice of therapies
 - Initial therapy should be either
 - Thiazide / thiazide-like diuretic
 - B-blocker (in patients younger than 60, non-diabetic, non-asthmatic)
 - ACE inhibitor (in non-black patients)
 - Long-acting calcium channel blocker (CCB), or
 - ARB's
 - If failure of initial therapy, add-on drugs should be chosen from first line choices

Monitoring

- ✓ Side effects of medications, i.e. B-Blockers (bradycardia), ACE I and ARBs(creatinine and potassium checked 1-2 weeks after drug initiation); diuretics (hypokalemia)

	N/A	E	S	D
There is evidence of treatment to targets and consistent long-term follow-up (BP monitoring; lifestyle issues)				
The appropriate therapies are being used.				
Regular monitoring and review of therapy and medications is evident.				

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MANAGEMENT OF SPECIFIC DISEASE ENTITIES - # 4 - CONGESTIVE HEART FAILURE
Cardiology/Family Medicine/Internal Medicine/

All patients with heart failure:

- ✓ documentation of clinical history and physical exam: symptoms, functional limitations, risk factors, prior cardiac illness, co-morbidities, drugs, alcohol use
- ✓ routine tests including CBC, ECG, chest X-ray, renal function, urinalysis, glucose, lipids, liver enzymes and thyroid function; consider use of natriuretic peptide
- ✓ echocardiography recommended to assess ventricular and valvular function
- ✓ Manage contributing and associated conditions such as hypertension, myocardial ischemia, diabetes, thyroid dysfunction, and Reno vascular disease.

Therapies:

- ✓ lifestyle modification: smoking cessation, restriction of alcohol consumption, regular physical activity; no added salt diet; encourage daily morning weights
- ✓ referral to a heart function program
- ✓ flu shot and pneumococcal vaccine

Drug Therapies:

- ✓ cardiovascular risk factors should be aggressively managed with appropriate drugs
- ✓ all patients with heart failure and ejection fractions less than 40% should be on an ACE inhibitor with a beta blocker or carvedilol unless contraindications exist
- ✓ ARB's should be used if ACE I is not tolerated. Combining ACE inhibitors and ARBs should only be done with caution
- ✓ long-term monitoring of renal function and electrolytes needed with ACE I and ARB's
- ✓ loop diuretics recommended in patients with congestive symptoms
- ✓ electrolytes should be carefully monitored in patients on diuretics
- ✓ use of mineralocorticoid receptor antagonists in patients with EF < 30% if >55 years old or diabetic
- ✓ avoid use of NSAIDS, COX inhibitors, glitazones, non-dihydropyridine CCB's
- ✓ Omega 3 fatty acids 1g daily in patients with severe HF and reduced EF
- ✓ Patients with chronic atrial fibrillation should be on other NOAC

	N/A	E	S	D
Clinical history and physical exam are documented.				
It is evident that routine tests have been ordered and completed.				
Appropriate therapies are used and regularly reviewed.				

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**MANAGEMENT OF SPECIFIC DISEASE ENTITIES - Endocrinology/Family Medicine/Internal Medicine
5 - TYPE II DIABETES MELLITUS**

Screening:

- ✓ all patients over age 40 should be screened via FBG every three years
- ✓ more frequent screening for patients with risk factors: 1st degree relatives with DM; member of high risk population (Aboriginals); history of impaired glucose tolerance; vascular disease; history of gestational DM; hypertension; dyslipidemia; obesity

Therapies:

- ✓ referral to dietician or diabetic education centre
- ✓ treat to accepted target levels of A1C's; A1C monitoring every three months
- ✓ appropriate use of medications (Metformin in contraindicated in renal impairment)
- ✓ patient self-monitoring of blood glucose recommended
- ✓ regular ophthalmology referral
- ✓ annual urine test for micro-albuminuria

Complications monitoring:

- ✓ retinopathy: loss of vision; nephropathy: renal failure
- ✓ neuropathy: any neurologic symptoms or signs
- ✓ lower limb complications: foot sores or amputations

	N/A	E	S	D
Documentation of appropriate screening is evident.				
Appropriate therapies and referrals are being used.				
Patients are actively involved in their own care.				

COMMENTS: _____

