

CF Rapid Lung Function Decline Checklist

To be completed every 12 months for Lung Zones C and D

<u>Contributors to Rapid Decline</u>	<u>Yes</u>	<u>Maybe</u>	<u>No</u>	<u>Possible Actions</u>
<u>Sinopulmonary</u>				
Progressive pulmonary disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ensure on dornase alfa, hypertonic saline, CFTR modulator; consider chest CT, Azithromycin, admission
New airway pathogen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consider bronchoscopy
Unusual airway pathogen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consider infectious disease consultation
Ineffective airway clearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Additional RT evaluation (e.g huff cough practice, different method)
Low physical activity/exercise capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical therapy evaluation, exercise prescription
Allergic bronchopulmonary aspergillosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check IgE and/or ABPA panel
Sinus Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sinus CT and/or ENT, allergy evaluation
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-post bronchodilator spirometry
<u>GI/Endocrine</u>				
Aspiration/GERD/Delayed gastric emptying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GI consultation, pH/impedance probe
Nutritional compromise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Additional dietitian evaluation, appetite stimulant
CFRD/Impaired glucose tolerance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HbA1C, OGTT, endocrine consultation, CGM
<u>Psychosocial</u>				
Mental health (Depression, Anxiety, ADHD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Additional SW/mental health coordinator evaluation and referrals
Substance use/abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Additional SW/mental health coordinator evaluation
Smoke/irritant exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Additional occupational history, SW evaluation
Non-adherence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Additional SW/mental health evaluation, use adherence/MI tool
Missed appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Additional SW evaluation
Financial barriers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Additional SW evaluation
Lack of disease understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Education activity/Transition program, pharmacist education