

## CRIB SHEET FOR CASE FINDING

	Bloods		Urine		Physical Checks			Lifestyle	Other	
	U+E	Standard Lipid Profile	HbA1C	Urine ACR	Urine Dip	BP	Pulse Rate & Rhythm	Height, weight, and BMI	Alcohol, Smoking, Exercise + Diet	Other actions
High risk of Diabetes		✓	✓			✓		✓	✓	If HbA1c 42-47, then code Non-Diabetic Hyperglycaemia (NDH) + offer NHS Diabetes Prevention Programme (NDPP)
High risk of CVD	✓	✓	✓			✓	✓	✓	✓	Offer statins if QRISK >10% Offer NDPP if eligible (HbA1c 42-47) Add TFTs if considering offering statin for first time
Raised Blood Pressure						✓				Proceed to blood pressure diagnostics if raised
At risk of AF							✓			Search 1 – Code those with AF Search 2 – If pulse irregular, conduct 12 lead ECG
At risk of CKD	✓			✓	✓	✓				Investigate and classify as per NICE guidelines. Exclude infection with MSU if positive. If stage 3-5, follow-up as per NCL pathway. If high risk, conduct desktop review and invite for annual interventions
At risk of heart failure										Desk top review of patients to identify if should be coded with Heart Failure (or if advice from cardiology required) and add code if appropriate. Patients identified with Heart Failure through DTR contacted to communicate new addition of code to record For those with problem code of cardiomyopathy – review record, if HF diagnosis suspected, d/w cardiology For those patients confirmed not to have heart failure, code “Heart failure excluded” SCTID: 394927007