

CLINICAL CARE CHECKLIST FOR ADULT CARE IN CYSTIC FIBROSIS

This checklist is intended to encourage partnership between clinicians and individuals with cystic fibrosis, and track tests and procedures recommended by the Cystic Fibrosis Foundation guidelines. It is not intended to be a comprehensive list of guideline recommendations. For full details, please refer to the published guidelines at cff.org/Clinical-Care-Guidelines.

If the CF center provides primary care to the patient, health maintenance should be provided in accordance with the national guidelines for age and gender.

ANNUAL		AT EVERY CLINIC VISIT			
	Minimum of one comprehensive evaluation by each team member: Assess ability to sustain therapies. Identify relevant psychosocial issues. Identify specific medical issues. Depression and anxiety screening. Influenza vaccination for adults with CF and their close contacts.		Quarterly clinic visits: // / Pulmonary status monitoring by asses physical examination, and, on most visit Liver and spleen examination by palpa Medical regimen review to assess ability sustain daily CF therapies and discuss from medications.	sits, spirometry. ation and percussion. ty to manage and	
	Serum levels (adjust vitamin doses as needed): Retinol 25-Hydroxy vitamin D Vitamin E	RO	AT OTHER INTERVAL	_S	
	2-hour, 75-gram oral glucose tolerance test for <u>cystic</u> <u>fibrosis-related diabetes</u> (CFRD) in all adults with CF who do not have CFRD.		BMI assessment in adults 20 years and older, aiming for: women at or above 22 and men at or above 23.	/ /	
	Panel of liver function tests (LFTs): Serum aspartate aminotransferase (AST) Alkaline phosphatase (ALP)		Education on nutritional care and the role of enteral tube feeding. Discussion of disease trajectory and treatment options, including lung	/ /	
CU	Alanine aminotransferase (ALT) Gamma-glutamyl transferase (GGT)	EVI	transplantation. ERY 2-4 YEARS		
	Complete microbiological assessment (culture and sensitivity) of expectorated sputum, including antibiotic susceptibility testing, at least once per year (but preferably quarterly).	EVI	Chest X-rays (posterior, anterior, and lateral) in individuals with CF and stable clinical status. ERY 5 YEARS	/ /	
			DEXA scan unless otherwise indicated per bone health and disease guidelines.	/ /	
	Oropharyngeal (throat) cultures in individuals with CF who cannot expectorate to determine if they are infected with <i>P. aeruginosa</i> if they are not colonized with <i>P. aeruginosa</i> . Nontuberculous mycobacteria (NTM) culture in individuals with CF, with a stable clinical course, and who are able to produce a sputum sample.		Colorectal cancer screening beginning at age 40, and re-screening every 5 years, unless otherwise indicated by the CF Foundation colorectal cancer screening guidelines.	/ /	

NOTES FROM TODAY'S VISIT

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TO LEARN MORE

This checklist refers to the following CF clinical guidelines:

Adult Care Guidelines

Bone Health and Disease Guidelines

CFRD Guidelines

Colorectal Cancer Screening Guidelines

Depression & Anxiety Guidelines

Enteral Tube Feeding Guidelines

Infection Prevention and Control Guidelines

Lung Transplant Referral Guidelines

NTM Guidelines

Nutrition in Children and Adults Guidelines

Pseudomonas aeruginosa Eradication Guidelines

Vitamin D Deficiency Guidelines

For summaries and full recommendations from all published CF clinical care guidelines, visit cff.org/Clinical-Care-Guidelines



COMPASS CAN HELP

The CF Foundation can help people with CF and their families understand their insurance coverage options and connect them to the right resources.

Call **844-COMPASS** (844-266-7277) or email compass@cff.org

For questions, call 800-FIGHT-CF (800-344-4823) or email info@cff.org

