

## Healthcare Maintenance at EHHOP

Prepared by Yotam Arens, 7/11/15

### Screening

What	How	Whom
<b>Diabetes</b>	A1C > 6.5 or fasting plasma > 126 or 2 hr OGTT > 200 *If positive, must repeat test at later date to confirm!*	BP > 135/80 (USPSTF), or BMI > 25 + 1RF: HTN, CAD, HDL < 35 or TG > 250, +FamHx +hi risk ethnicity (AfA, Hispanic, AsA, NA) q 3 years (ADA)
<b>Hyperlipidemia</b>	Lipid panel (TC, LDL, HDL, TG)	Low risk: M > 35 q5y, F >45 if +1RF (BMI > 30, smoking, HTN, CHD, FamHx early CAD), q 5 yrs, or Hi risk (2 or more: smoking, HTN, +FamHx HLD or early CHD): M > 25, F > 35
<b>HIV</b>	POCT HIV, HIV serum Ab	All patients once, or more frequently if hi risk (IVDU, MSM, multiple or unprotected sex)
<b>HBV</b>	HBsAg, HBsAb	Native of endemic area (Asia, Africa, parts of SA), MSM, IVDU, multiple sex partners
<b>HCV</b>	HCV Ab	IVDU, anyone born between 1945-1965 in the US, hx of transfusions before 1987
<b>GC/CT</b>	Urine or vaginal NAAT	Sexually active females < 25, 25 and older if hi risk
<b>LTBI</b>	PPD	Close contacts of people with active TB, hi risk at any age (HIV+, hemodialysis pt, TNF-a inhibitors), moderate risk under age 65 (DM, oral steroids)
<b>Breast ca</b>	CBE + mammo	If average risk, starting at age 50 q2 yrs (per USPSTF)
<b>Cervical ca</b>	Pap smear +/- HPV cotesting	Starting age 21 q3, after age 30 can start Pap + HPV co-testing q5, discontinue at age 65 if 3 consecutive negative paps
<b>Colorectal ca</b>	Colonoscopy q10 yr or flex sig q5 with FOBT q3 yr or annual home FOBT x3 consecutive specimens	Age 50 or 10 yrs earlier than age of diagnosis of 1 <sup>st</sup> deg relative with CRC, stop screening at age 75
<b>Osteoporosis</b>	DEXA scan (positive if T ≤ -2.5)	Age > 65 (all races), or women <65 with high fracture risk (Caucasian, maternal h/o fracture, personal h/o fracture, BMI < 21, current smoker, daily alcohol use, steroid use, RA)
<b>Abdominal aortic aneurysm</b>	Abdominal ultrasound	M 65-75 years old who have ever smoked

**Healthcare Maintenance at EHHOP**  
**Prepared by Yotam Arens, 7/11/15**

**Immunizations**

<b>What</b>	<b>How</b>
<b>Tetanus, diphtheria, pertussis</b>	Tdap 1x in adulthood, Td q 10 yrs thereafter
<b>Influenza</b>	Annually to all patients (HIV+ only inactivated IM injection, no live attenuated intranasal)
<b>Pneumococcal</b>	Age 65 or older: Prevnar-13 for invasive pneumococcal disease then, Pneumovax-23 for PNA 6-12 months later If: DM, chronic heart/liver disease → Pneumovax-23 one time before 65 **If received Pneumovax-23 after age 65, wait 12 months before Prevnar-13
<b>HAV (0,6 mos)</b>	Recommended if MSM or travelling to endemic area
<b>HBV (0,1,6 mos)</b>	Persons at risk thru sexual exposure (MSM, sex partners of HBV+, multiple sex partners), thru percutaneous/mucosal exposure (IVDU, healthcare workers, dialysis pts), chronic liver disease patients, HIV+, travellers to endemic areas
<b>VZV/Shingles</b>	Age > 60 (except HIV+)
<b>HPV (Gardasil)</b>	F 9-26 yo, M/MSM 9-26 yo

Sources: USPSTF, CDC, Uptodate, ADA