

Healthcare Maintenance at EHHOP

Prepared by Yotam Arens, 7/11/15

Screening

What	How	Whom
Diabetes	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)
Hyperlipidemia	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
HIV	POCT HIV, HIV serum Ab	All patients once, or more frequently if hi risk (IVDU, MSM, multiple or unprotected sex)
HBV	HBsAg, HBsAb	Native of endemic area (Asia, Africa, parts of SA), MSM, IVDU, multiple sex partners
HCV	HCV Ab	IVDU, anyone born between 1945-1965 in the US, hx of transfusions before 1987
GC/CT	Urine or vaginal NAAT	Sexually active females < 25, 25 and older if hi risk
LTBI	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)
Breast ca	CBE + mammo	If average risk, starting at age 50 q2 yrs (per USPSTF)
Cervical ca	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
Colorectal ca	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 st deg relative with CRC, stop screening at age 75
Osteoporosis	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)
Abdominal aortic aneurysm	Abdominal ultrasound	M 65-75 years old who have ever smoked

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Immunizations

What	How
Tetanus, diphtheria, pertussis	Tdap 1x in adulthood, Td q 10 yrs thereafter
Influenza	Annually to all patients (HIV+ only inactivated IM injection, no live attenuated intranasal)
Pneumococcal	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
HAV (0,6 mos)	Recommended if MSM or travelling to endemic area
HBV (0,1,6 mos)	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
VZV/Shingles	Age > 60 (except HIV+)
HPV (Gardasil)	F 9-26 yo, M/MSM 9-26 yo

Sources: USPSTF, CDC, Uptodate, ADA