

# CARDIAC GUIDELINES FOR CARE FLOW SHEET

<b>Patient Name:</b>		<b>Physician Name:</b>		
<b>Date of Birth:</b>		<b>Patient #:</b>		
<b>Member #:</b>				
<b>INTERVENTIONS</b>	<b>DATE</b>	<b>DATE</b>	<b>DATE</b>	<b>DATE</b>
<b>Blood Pressure Goals</b> < 130/85 mm Hg if heart disease < 130/80 mm Hg if diabetes or renal insufficiency				
<b>Weight</b> (lb or kg)				
<b>Height</b>				
<b>Lipid Profile Goals</b> (annual) Total Chol < 200 mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
<b>HDL</b> HDL > 40 mg/dL (male) HDL > 50 mg/dL (female)	mg/dL	mg/dL	mg/dL	mg/dL
<b>LDL</b> LDL < 100 mg/dL (optional < 70 mg/dL)	mg/dL	mg/dL	mg/dL	mg/dL
<b>Triglycerides</b> TG < 150 mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
<b>Annual Fasting Glucose Screen</b>				
<b>Ejection Fraction</b> (%) or degree of LV dysfunction				
<b>ACE Inhibitor/ARB HF</b>	Rx	Rx	Rx	Rx
<b>ACE Inhibitor/ARB Post MI</b>	Rx	Rx	Rx	Rx
<b>Beta-Blocker HF</b>	Rx	Rx	Rx	Rx
<b>Beta-Blocker Post MI</b>	Rx	Rx	Rx	Rx
<b>Statin Therapy</b> (elevated LDL or IHD)	Rx	Rx	Rx	Rx
<b>Aspirin Therapy</b> (if age > 40 yrs or high risk for CVD)	Rx	Rx	Rx	Rx
<b>Smoking Cessation Counseling</b>				
<b>Depression Screening</b>				
<b>Physical Activity</b> (frequency)				
<b>Flu Vaccine</b> (annual)				
<b>Pneumococcal Vaccine</b>				