

Lakeland Care  
 PROTOCOL ORDERS  
**Adult Preventative Care Protocols**  
**Ages 18 - 49**

<b>Diagnosis/Chief Complaint</b>	
Patients ages 18 - 49 years of age are recommended to have a Wellness visit at least once every 3 years.	
<b>Lab Evaluations/Results</b>	
Lipid screening for all adults age >40, or if <40 years old and BMI $\geq$ 30 or at increased risk of CHD. Screen every 5 years if initial test normal. Blood glucose screening for BMI>25 beginning age 40 Cervical cancer screening women ages 21-65 years with cytology every 3 years, or to lengthen screening interval, combination of cytology & HPV every 5 years when age 30 or older. Chlamydia and gonorrhea screening for all sexually active women age 24 years or younger	
<b>Diagnostic Evaluation/Results</b>	
Mammogram for women ages 40 years and older annually or biennial.	
<b>Plan of Care</b>	
<b>Immunizations based upon CDC &amp; MCIR guidelines attached.</b> Influenza annually. <ul style="list-style-type: none"> <li>• Influenza annually.</li> <li>• HPV series completed for males and females <math>\leq</math> 26</li> </ul> <b>Assess for tobacco use, alcohol use and other substances or risk behaviors during wellness exams.</b> <ul style="list-style-type: none"> <li>• Record height, weight and BMI annually with appropriate counseling based on BMI documented</li> <li>• Monitor blood pressure at every visit</li> </ul> <b>Screen for Partner Violence, such as domestic violence, and provide or refer for intervention services</b>	
<b>Additional Care</b>	
Depression screening using PHQ 2/9 at all Wellness Visits	
<b>Approval/Signatures</b>	
<b>Physician Section Leader:</b>	<b>Date:</b>
<b>Medical Director:</b>	<b>Date:</b>

**DISTRIBUTION**

All recipients of this protocol must acknowledge their receipt and understanding of the protocol by referring any questions or problems with the protocol within ten days of the issue date to their immediate supervisor. If no questions or problems are communicated, it will be assumed that the protocol has been read and understood. All questions regarding this protocol its implementation may be referred to the Medical Director of **practice name**

Original Date: 3-25-15  
 Reviewed Dates: 4-28-16  
 Revised Dates: 4-25-19