

Lakeland Care
 PROTOCOL ORDERS
Adult Preventative Care Protocols
Ages 50 – 65+

Diagnosis/Chief Complaint	
Patients ages 50 – 65+ years of age are recommended to have annual wellness visits.	
Lab Evaluations/Results	
<p>Initial fasting lipid profile (i.e. total, LDL-C, HDL-C, triglycerides) for: Males ≥ 35 years of age Females ≥ 45 years of age Or males and females age ≥ 20 years of age if risk factors of clinical atherosclerotic cardiovascular disease Screen every 5 years if initial test normal.</p> <p>Screen for abnormal blood glucose as part of cardiovascular risk, aged 40-70 who are overweight/obese HIV Screening annually if high risk or multiple partners. One-time Hepatitis C screening for adults born between 1945 - 1965 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.</p>	
Diagnostic Evaluation/Results	
<p>Mammogram for women ages 50 - 74 annually or biennial. Colorectal cancer screening – FOBT annually, Cologuard FIT every 3 yrs., or screening colonoscopy every 10 years ages 50 – 75. Bone Mineral Density testing using DEXA for:</p> <ul style="list-style-type: none"> • Women ≥ 65 years regardless of risk factors • Men/women with fracture risk (10-year probability of fracture using FRAX of $\geq 9.3\%$) • On corticosteroids or received a transplant 	
Plan of Care	
<ol style="list-style-type: none"> 1. Depression screening using PHQ 2/9 recorded in flowsheet. 2. Blood pressure checked at each visit and recheck if $> 140/90$. 3. Assessment of height/weight, tobacco usage, alcohol usage and social factors. <i>Note: Details need to be included in the tobacco and alcohol usage such as # of cigarettes per day, start/stop approximate dates, # of drinks per day and social factors such as married/divorced/widow, people living in the home or type of job the patient works in annually.</i> <p>Immunizations based upon CDC & MCIR guidelines. Influenza annually.</p>	
Additional Care	
Approval/Signatures	
Physician Section Leader:	Date:
Medical Director:	Date:

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; 4-10-19

Revised Dates: 2-22-18, 3-18-2020