

CARDIAC ***GUIDELINES FOR CARE*** FLOW SHEET

Patient Name:	Physician Name:
Date of Birth:	Patient #:

INTERVENTIONS	DATE	DATE	DATE	DATE
Blood Pressure <ul style="list-style-type: none"> • < 130/80 mm Hg or lower if heart disease • < 130/80 mm Hg if diabetes or renal insufficiency 				
Weight (lb or kg)				
Waist Circumference (inches)				
Body Mass Index				
Height				
Lipid Profile <i>Goals:</i>				
• Total Cholesterol <200 mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
• HDL >40 mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
• LDL <100 mg/dL				
• LDL < 70 mg/dL for high risk	mg/dL	mg/dL	mg/dL	mg/dL
• Triglycerides <150 mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Fasting Glucose Screen				
Ejection Fraction (%) or degree of LV dysfunction				
ACE Inhibitor/ARB HF	Rx	Rx	Rx	Rx
ACE Inhibitor/ARB Post MI	Rx	Rx	Rx	Rx
Beta-Blocker HF	Rx	Rx	Rx	Rx
Beta-Blocker Post MI	Rx	Rx	Rx	Rx
Statin Therapy for all with CAD	Rx	Rx	Rx	Rx
ASA Therapy	Rx	Rx	Rx	Rx
Smoking Cessation Counseling Nicotine Replacement Therapy				
Depression Screening				
Physical Activity – 30 minutes all or most days				
Flu Vaccine (Annual) unless intolerant or contraindicated				
Pneumococcal Vaccine				