

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

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

INTERVENTIONS	DATE	DATE	DATE	DATE
Blood Pressure • < 130/85 mm Hg if heart disease • < 130/80 mm Hg if diabetes or renal insufficiency				
Weight (lb or kg)				
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	mg/dL	mg/dL	mg/dL	mg/dL
• Triglycerides <150 mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Annual Fasting Glucose Screen				
Ejection Fraction (%) or degree of LV dysfunction				
ACE Inhibitor HF	Rx	Rx	Rx	Rx
ACE Inhibitor Post MI	Rx	Rx	Rx	Rx
Beta-Blocker HF	Rx	Rx	Rx	Rx
Beta-Blocker Post MI	Rx	Rx	Rx	Rx
Statin Therapy Elevated LDL or IHD	Rx	Rx	Rx	Rx
ASA Therapy (if age > 40 yrs or high risk for CVD)	Rx	Rx	Rx	Rx
Smoking Cessation Counseling				
Depression Screening				
Physical Activity - Frequency				
Flu Vaccine (Annual)				
Pneumococcal Vaccine				