

The Christ Hospital Internal Medicine Clinic  
 Health Maintenance  
 Screening For Asymptomatic Adults

Patient Name \_\_\_\_\_

DOB \_\_\_\_\_

<b>Visit Date →</b>											
<b>Cholesterol</b> (enter date, or dash if not due)											
<b>LDL</b> (enter value and date, or dash if not due)											
<b>Colon Cancer Screen</b> (enter test and date, or dash if not due)											
<b>Tdap/Td Booster</b> (enter date, or dash if not due)											
<b>Influenza Vaccine</b> (enter date, or dash if not due)											
<b>Pneumococcal</b> (enter date, or dash if not due)											
<b>Dexa Scan</b> (enter date, or dash if not due)											
<b>Breast Exam</b> (enter date, or dash if not due)											
<b>Mammogram</b> (enter date, or dash if not due)											
<b>Pap Smear</b> (enter date, or dash if not due)											
<b>Counseling*</b> (enter date and topic)											

\*Examples: Drug and alcohol use, post-menopausal estrogen use, HIV risk counseling, seat belts, firearms, or other topics as appropriate for the specific patient.

\*\*General Recommendations Are Listed On The Reverse

## Cholesterol

- The U.S. Preventive Services Task Force (USPSTF) strongly recommends that clinicians routinely screen men aged 35 years and older and women aged 45 years and older for lipid disorders and treat abnormal lipids in people who are at increased risk of coronary heart disease.\*
- Screening is recommended for men aged 20 to 35 years and for women aged 20 to 45 years in the presence of any of the following risk factors for coronary heart disease:
  - Diabetes.
  - A family history of cardiovascular disease before age 50 years in male relatives or age 60 years in female relatives.
  - A family history suggestive of familial hyper-lipidemia.
  - Multiple coronary heart disease risk factors (e.g., tobacco use, hypertension).
- The USPSTF makes no recommendation for or against screening for lipid disorders in younger adults (men aged 20 to 35 or women aged 20 to 45) in the absence of risk factors for coronary heart disease.
- The optimal interval for screening is uncertain. On the basis of other guidelines and expert opinion, reasonable options include every 5 years, shorter intervals for people who have lipid levels close to those warranting therapy, and longer intervals for low-risk people who have had low or repeatedly normal lipid levels.
- An age to stop screening is not established.

## Colon Cancer Screen (Recommendations for Screening People at Average Risk, American Gastroenterological Association updated May 20, 2003.)

Men and women at average risk should be offered screening with one of the following options **beginning at age 50** years. The rationale for presenting multiple options is that no single test is of unequivocal superiority and that giving patients a choice allows them to apply personal preferences and may increase the likelihood that screening will occur. The strategies are not equal with regard to evidence of effectiveness, magnitude of effectiveness, risk, or up-front costs. Reviewing the rationale section for each screening test (presented in the original guideline document) will provide clinicians with information that they can use in presenting the relative effectiveness of each test to patients.

Choose one of the following methods...

- **Colonoscopy** - every 10 years.
- **Fecal Occult Blood Testing** - Offer yearly screening with fecal occult blood test (FOBT) using a guaiac-based test with dietary restriction or an immunochemical test without dietary restriction. Two samples from each of 3 consecutive stools should be examined without rehydration. Patients with a positive test on any specimen should be followed up with colonoscopy.
- **Sigmoidoscopy** - Offer flexible sigmoidoscopy every 5 years.
- **Combined FOBT and Flexible Sigmoidoscopy** - Offer screening with FOBT every year combined with flexible sigmoidoscopy every 5 years (the FOBT should be done first).
- **Double-Contrast Barium Enema** - Offer double-contrast barium enema (DCBE) every 5 years.

## Tdap/Td Booster (Center for Disease Control updated 2005)

- All adults (including those  $\geq 65$  years old) should receive a dose of tetanus toxoid and diphtheria toxoid – containing vaccine every 10 years and as indicated for wound management.
- Adults 19 to 64 years who received their last tetanus vaccine more than 10 years ago. Adults, including parents, child care providers and healthcare workers, who will have close contact with infants less than a year old. Women who have just given birth and who received their last tetanus vaccine less than 10 years ago. Any woman who might become pregnant. Adults who have a "dirty" wound (a wound likely to become infected) and whose last Tdap booster was five or more years ago.
- **Don't get this shot if you:** Are pregnant; Have experienced coma or seizures within seven days of receiving a pertussis vaccine; Have had Guillain-Barre syndrome six weeks or less after a previous tetanus-containing vaccine; Are currently ill.
- Adults 19 to 64 who are due for a tetanus-diphtheria (Td) booster shot should receive Tdap instead. Other recommendations include: A series of three vaccinations, beginning with a single dose of Tdap, followed at four weeks by a single dose of Td and another dose of Td six to 12 months later for adults who never finished the Td series or don't know if they ever received the Td vaccine. Tdap instead of Td for adults needing a tetanus shot for wound management if they have not received Tdap before. A single dose of Tdap at least one month before having close contact with an infant. Pregnant women shouldn't receive Tdap until after giving birth, although Td may be given in the second or third trimester.

## Influenza (Vaccine Advisory Committee on Immunization Practices – See Yearly Update)

- **Yearly**

## Pneumococcal Vaccine (CDC Recommendations)

- The recommendation is one pneumonia shot after age 65. If performed before age 65, they should get another pneumonia shot after age 65 if at least 5 years has elapsed since the last one.
- Vaccinate persons ages 2–64 years who
  - have chronic cardiovascular disease (including congestive heart failure and cardiomyopathy), chronic pulmonary disease (including COPD and emphysema), or diabetes mellitus or are cochlear implant patients (Asthma is not an indication for routine pneumococcal vaccination unless it occurs with chronic bronchitis, emphysema, or long-term systemic corticosteroid use. However, persons with obstructive lung disease should be vaccinated regardless of the cause.)
  - have chronic liver disease (including cirrhosis), are alcoholic, or have cerebrospinal fluid leaks.
  - live in special environments or social settings (including Alaska Natives and certain American Indian populations).
  - have functional or anatomic asplenia (including persons with sickle cell disease or appendectomy patients)\*\*.
- Vaccinate immunocompromised patients age 2 years and older, including those with HIV infection, leukemia, lymphoma, Hodgkin's disease, multiple myeloma, generalized malignancy, chronic renal failure (including dialysis patients), or nephrotic syndrome; those receiving immunosuppressive therapy (including long-term systemic corticosteroids); and those who have received an organ or bone marrow transplant\*\*.

\*\*If a vaccinated asplenic or immunocompromised patient is older than age 10 years, give a single revaccination if at least 5 years have elapsed since the previous dose. If the patient is age 10 years or younger, consider revaccination 3 years after the previous dose.

## Dexa Scan (University of Michigan Health System, Jul. 2005.)

- Assess all adults for clinical risk factors for osteoporotic fracture.
- Postmenopausal woman with one or more of the following:
  - Age  $\geq 65$  years; Current smoking; Low body weight ; Frailty; Personal history of fracture without substantial trauma age  $\geq 40$ ;
  - Hip, wrist, or spine fracture without substantial trauma in 1st degree relative  $\geq 50$ .
- Chronic glucocorticoid use (prednisone  $\geq 7.5$  mg daily, or equivalent, for  $\geq 6$  months)
- Organ transplant or pending transplant
- Other associated medical conditions and medications

A Second Dexa Scan is ordered in selected patients at an interval ranging from 6 months to 5 years, depending on risk factors. See published guidelines.

## Breast Exam (Brigham and Women's Hospital, 2001)

- A clinical breast exam (CBE) should be performed **annually** in all women 20 and older.
- Breast self-exam (BSE) is performed 5 to 7 days after the onset of menstruation, when the breast tissue is least engorged in premenopausal women and on the same day of the month for postmenopausal women. Randomized controlled clinical trials have shown no reduction in mortality from breast cancer among women who performed monthly BSE. However, since BSE is inexpensive and noninvasive, most physicians recommend it as a screening method to their patients.

## Mammogram (Brigham and Women's Hospital, American Medical Association, the American Cancer Society, the National Cancer Society, and the American College of Radiology, 2001)

- Annual mammograms for women beginning at age 40

## Pap Smear (The U.S. Preventive Services Task Force (USPSTF) 2003)

- Begin screening within 3 years of onset of sexual activity or age 21 (whichever comes first) and screen at least every 3 years screening for cervical cancer in women who have been sexually active and have a cervix.
- Recommends against routinely screening women older than age 65 for cervical cancer if they have had adequate recent screening with normal Pap smears and are not otherwise at high risk for cervical cancer.
- Recommends against routine Pap smear screening in women who have had a total hysterectomy for benign disease.