

Adult Preventive Care Guidelines

Age	Health Examination Components **	Laboratory Screening Tests	Mammogram (Women)	Colon Cancer	Immunizations
21-39 yrs.	Height, Weight, BMI, Blood Pressure, medical history, health risk assessment, lifestyle inventory, and counseling	<ul style="list-style-type: none"> • Cholesterol*** • Pap Smear (every 1-3 yrs.) • Syphilis * • Gonorrhea * • Chlamydia * 	Clinical Discretion		<ul style="list-style-type: none"> • TD every 10 yrs. • Hepatitis B * • Influenza * • MMR * • Pneumococcal * • Varicella* • Meningococcal*
40-49 yrs.	Height, Weight, BMI, Blood Pressure, medical history, health risk assessment, lifestyle inventory, and counseling	<ul style="list-style-type: none"> • Cholesterol*** • Pap Smear (every 1-3 yrs) 	1-2 years	Clinical Discretion	<ul style="list-style-type: none"> • TD every 10 yrs. • Hepatitis B * • Influenza * • MMR * • Pneumococcal * • Varicella* • Meningococcal*
50-64 yrs.	Height, Weight, BMI, Blood Pressure, medical history, health risk assessment, lifestyle inventory, and counseling	<ul style="list-style-type: none"> • Cholesterol*** • Pap Smear (every 1-3 yrs.) • FOBT^a (annually or FOBT and sigmoidoscopy every 5 years. FOBT not indicated if colonoscopy is done) 	Annually	Sigmoidoscopy or double contrast Barium enema every 5 years or Colonoscopy every 7-10 years.	<ul style="list-style-type: none"> • TD every 10 yrs. • Hepatitis B * • Influenza * • Pneumococcal * • Varicella* • Meningococcal*
65+ years	Height, Weight, BMI, B/P, medical history, cardiac auscultation, vision [◇] , IOP hearing [◇] , health risk assessment form, functional level, lifestyle inventory to include exercise and life stages: maximizing function and counseling.	<ul style="list-style-type: none"> • Cholesterol *** (clinical discretion) • Pap Smear ^{**} (clinical discretion) • FOBT^a (annually or FOBT and sigmoidoscopy every 5 years. FOBT not indicated if colonoscopy is done) 	Annually up to age 69 then at Clinical Discretion*	Sigmoidoscopy or double contrast Barium enema every 5 years or Colonoscopy every 10 years. Or Clinical Discretion	<ul style="list-style-type: none"> • TD every 10 yrs. • Hepatitis B * • Influenza * • Pneumococcal * • Varicella* • Meningococcal*

Alerts: Depression, suicide risk factors, abnormal bereavement, malignant skin lesions, tooth decay, gingivitis, peripheral arterial disease, changes in cognitive function.

This list of preventive services reflects the latest topics and recommendations reviewed by the U.S. Preventive Services Task-force and American College of Obstetricians and Gynecologist, National Cancer Institute and Centers for Disease Control and Prevention; and preventive services as required per the TennCare Contractor Risk Agreement. Other preventive services may be added at the provider's discretion after considering the patient's medical history, age, lifestyle and other characteristics. Patients with special risk factors may require additional tests, i.e., fasting glucose, VDRL, urinalysis, gonorrhea culture, HIV, hearing, PPD, EKG, DME mineral content, thyroid indices (women).

* **High Risk Only**

Hepatitis B: Hemodialysis patients, recipients of some blood products, persons in health and public safety related jobs with frequent exposure to blood or blood products, homosexual active men, people with more than one sex partner in six months and/or sex contacts of infected patients with STD. Also to include IV drug users, household contacts and sex partners of persons with chronic HBV infection, clients and staff members of institutions for the developmentally disabled, inmates, international travelers who will in countries with high or intermediate prevalence of chronic HBV for > 6 months.

Influenza: Persons suffering from chronic cardiopulmonary disorders; chronic metabolic diseases; women in second or third trimester of pregnancy during influenza season; health care workers; residents of chronic care facilities and persons likely to transmit to persons at high risk. For healthy persons aged 5-49 without high risk conditions, either the inactivated vaccine or the intranasally administered influenza vaccine may be given. Give 1 dose annually if the patient is ≥ 50 years, has other indications for influenza vaccine, or if patient requests vaccination.

MMR: persons born after 1957 who lack evidence of immunity to measles, mumps rubella (check immunity for women of childbearing age.)

Pneumococcal: One dose for patients age 19-64 years with medical conditions that increase the risk of pneumococcal infection (e.g., chronic cardiac or pulmonary disease (excluding asthma), diabetes mellitus, chronic liver disease including cirrhosis due to alcoholism, renal failure or nephrotic syndrome, asplenia, immunosuppressive conditions, chemotherapy, and residents of nursing homes and other long-term care facilities.) For any patients >65 years, one dose. One time revaccination with PPV is recommended after 5 years for person with chronic renal failure or nephrotic syndrome, functional or anatomical asplenia, immunosuppressive conditions, chemotherapy with alkylating agents, antimetabolites, or long-term systemic corticosteroids. For person 65 and older, one-time revaccination if they were vaccinated 5 or more years previously and were aged less than 65 years at the time of primary vaccination.

Varicella: Recommended for all person who doesn't have reliable clinical history of varicella infection or serological evidence of VZV infection who may be at high risk for exposure or transmission.

Meningococcal vaccine: if medically indicated.

Screening for Syphilis: routine serologic testing is recommended for all pregnant women and for persons at increased risk for infections.

Screening for Gonorrhea: Routine screening for gonorrhea is recommended for asymptomatic women at high risk of infection, high risk groups, and young women (under age 25) with two or more sex partners in the last year.

Screening for Chlamydia: Routine screening for asymptomatic infection during pelvic examination is recommended for all sexually active female adolescents and for other women at high risk.

** **Health Examination Schedule:** The content and frequency of all health exams need to be tailored to the age, health risk and preferences of each patient.

◇ **Vision & Hearing:** Formal testing if sensory deficits are suspected.

High Risk Examination Notes

Thyroid Palpation: persons with a history of upper body radiation

Oral Cavity: persons with exposure to tobacco or excessive amounts of alcohol or those with suspicious symptoms

Skin Exam: persons with family or personal history of skin cancer, increased occupational or recreational exposure to sunlight

Testicular: men with a history of cryptorchidism, orchiopexy, or testicular atrophy (age 19-39)

Health Examination Notes

Mammogram: women with a family history of premenopausally diagnosed breast cancer in a first degree relative or other risk factors may begin having mammography regularly beginning at age 35. Every 1-2 years for women aged 40-49. *Annually for women 50 or over, stopping at age 70 unless pathology is detected.

Vision & Hearing: frequency is left to clinical discretion.

Prostate exam: not recommended for asymptomatic men because of high rates of false positive and negative results.

Sigmoidoscopy/colonoscopy: Regular screening for all adults aged 50 years or older. Persons at higher risk should begin screening at a younger age and may need to be tested more frequently. Recommendations include a flexible sigmoidoscopy every 5 years. FOBT recommended prior to doing a sigmoidoscopy since a positive FOBT may indicate the need to perform a colonoscopy instead of a sigmoidoscopy or a double-contrast barium enema every 5 years. Total colon examination by colonoscopy every 10 years.

Laboratory Screening Test Notes

*****Cholesterol**: Younger adults – men aged 20-35 and women aged 20-45 – should be screened if they have other risk factors for heart disease. All men aged 35 and older and all women aged 45 and older should be screened routinely for lipid disorders. Clinicians should measure HDL in addition to measuring total cholesterol or LDL. Clinicians should consider overall risk of heart disease in making treatment decisions and counsel all patients about changing their lifestyles to improve their lipid levels. Many men and women, especially those at highest risk, may need medications to best control their lipid abnormalities.

¶**Pap Smear**: Screening should begin within 3 years of the start of sexual activity or age 21, whichever comes first and should be done at least every 3 years. If member is on estrogen therapy, Pap smear is required initially, then annually. If normal pap smears previously, no further testing is required after age 65. Pap smears are not recommended for patients who are post abdominal hysterectomy due to benign disease.

¶**FOBT**- Fecal occult blood testing (FOBT) has been shown to reduce colorectal cancer mortality. Regular screen (annually) for all adults aged 50 years or older is recommended. FOBT are recommended prior to doing a sigmoidoscopy since a positive FOBT may indicate the need to perform a colonoscopy instead of a sigmoidoscopy. Proven methods of FOBT screening use guaiac-based test card prepared at home by patients from three consecutive stool samples and forwarded to the clinician. Neither a digital rectal examination (DRE) nor the testing of a single stool specimen obtained during DRE is recommended as an adequate screening strategy for colorectal cancer.

BMI - The body mass index (BMI), calculated as weight in kilograms divided by height in meters squared is reliable and valid for identifying adults at increased risk for mortality and morbidity due to overweight and obesity. There is fair to good evidence that high-intensity counseling--about diet, exercise, or both--together with behavioral interventions aimed at skill development, motivation, and support strategies produces modest, sustained weight loss (typically 3-5 kg for 1 year or more) in adults who are obese (as defined by BMI = 30 kg/m²).

The American Academy of Family Physicians and the American College of Obstetricians and Gynecologists recommend periodic measurements of height and weight. NIH has a 2-step guideline of assessment and treatment management of overweight and obese individuals. The American College of Preventive Medicine recommends periodic BMI measurement of all adults and diet and exercise counseling of all adults (irrespective of BMI) and endorses NIH management guidelines. The American Diabetes Association has published a position statement that recommends the use of intensive lifestyle modification programs along with standard weight loss strategies for long-term weight loss and maintenance.

The National Institutes of Health (NIH) provides a BMI calculator at www.nhlbisupport.com/bmi/ and a table at www.nhlbi.nih.gov/guidelines/obesity/bmi_tbl.htm.

ADULT COUNSELING NOTES

Ages 21-64

Diet & Exercise	Substance Abuse	Injury Prevention	Sexual Practices
<ul style="list-style-type: none"> • Fat • Cholesterol • Caloric Balance • Fiber • Calcium • Multivitamin with folic acid (females) • Regular physical activity 	<ul style="list-style-type: none"> • Tobacco Cessation • Alcohol & drug consumption • Driving under the influence • Treatment for Abuse 	<ul style="list-style-type: none"> • Seat Belts • Smoke Detectors • Smoking in or near bedding or upholstery • Safety Helmets • Firearms • Skin protection from UV light 	<ul style="list-style-type: none"> • STD's • Partner Selection • Condoms • Anal Intercourse • Unintended pregnancies /contraception
Dental Health	Medications	Women's Health Issues	Patient Education
<ul style="list-style-type: none"> • Regular Brushing & flossing • Regular Dental Visits 	<ul style="list-style-type: none"> • Review medications at each visit 	<ul style="list-style-type: none"> • Osteoporosis • Estrogen Replacement 	<ul style="list-style-type: none"> • Self Breast Exams • Mole Inspection • Immunizations
Social Support	Mental Health		
<ul style="list-style-type: none"> • Advance Directives • Promotion of Non- violent behavior or screen for family violence 	<ul style="list-style-type: none"> • Depression/anxiety awareness • Coping skills/stress reduction 		

Ages 65 and over

Diet & Exercise	Substance Abuse	Injury Prevention	Sexual Practices	Dental Health
<ul style="list-style-type: none"> • Fat • Cholesterol • Caloric Balance • Fiber • Calcium • Regular physical activity • Vitamins 	<ul style="list-style-type: none"> • Tobacco Cessation • Alcohol & drug consumption • Driving under the influence • Treatment for Abuse 	<ul style="list-style-type: none"> • Seat Belts • Smoke Detectors • Prevention of Falls • Assistive Devices • Hot water temperature • Skin protection from UV light • Safety Helmets • Firearms 	<ul style="list-style-type: none"> • Normative aging effects on sexual function • Widowhood • Sexuality • STD's • Condoms 	<ul style="list-style-type: none"> • Regular Brushing & flossing • Regular Dental Visits
Medications	Women's Health Issues	Patient Education	Maximizing Functional Abilities	Mental Health
<ul style="list-style-type: none"> • Review medications at each Visit 	<ul style="list-style-type: none"> • Osteoporosis • Coronary Artery Disease • Estrogen Replacement 	<ul style="list-style-type: none"> • Self Breast Exams • Mole Inspection • Immunizations 	<ul style="list-style-type: none"> • ADLs-bathing, toileting, dressing, mobility, feeding • ADLs-finances, shopping, telephone, driving 	<ul style="list-style-type: none"> • Depression • Dementia Screen • Life Stage Progression

Social Support

- Advance Directives
- Community Services & Resources
- Emergency Situations

