

**CHRONIC ILLNESS MANAGEMENT GUIDELINES**  
**Routine and Annual Treatment Guidelines**

<b>Asthma</b>	Annual Physical Examination	Annual Oral Examination (by provider)	Annual Flu Vaccine	Pneumovax (see guidelines)	Peakflow or spirometry													
<b>CAD</b>	Annual Physical Examination	Annual Oral Examination (by provider)	Annual Flu Vaccine	Pneumovax (see guidelines)	Baseline EKG, then at provider's discretion	Annual CBC	Annual CMP	Annual Fasting Lipid Profile										
<b>COPD</b>	Annual Physical Examination	Annual Oral Examination (by provider)	Annual Flu Vaccine	Pneumovax (see guidelines)	Routine Peak flow q 3 - 6 months or spirometry	Routine O2 sats. q 3 - 6 months if patient on oxygen												
<b>Diabetes</b>	Annual Physical Examination	Annual Oral Examination (by provider)	Annual Flu Vaccine	Pneumovax (see guidelines)	Routine Foot examination q 3 - 6 months	Routine FSBS every 3-6 months	Annual dilated retinal examination	Annual CMP including lipids	Annual urinalysis (dipstick)	HgbA1C q 3-6 months	Annual urine albumin-to-creatinine ratio if urine protein negative & patient is not on ACE inhibitor							
<b>HIV</b>	Annual Physical Examination	Annual Oral Examination (by provider)	Annual Flu Vaccine	Pneumovax (see guidelines)	Tetanus as indicated	Annual dilated retinal examination	Pap smear every 6 months for female	Routine Viral Load q 4 months	Routine CD4 q 4 months	Routine CBC q 4 months	Routine CMP q 4 months	Fasting Lipid Profile Annually	RPR Annually	Hepatitis A & B Vaccination (If no serologic evidence of immunity)				
<b>HTN</b>	Annual Physical Examination	Annual Oral Examination (by provider)	Annual Flu Vaccine	Pneumovax (see guidelines)	Baseline EKG, then at providers discretion	Annual fundoscopic examination (by provider)	Annual CBC	Annual CMP with lipids	Annual urinalysis with protein (dipstick)									
<b>Liver Disease</b>	Annual Physical Examination	Pneumovax (see guidelines)	Hepatitis A & B vaccine series if not contraindicated	Annual Child-Pugh Score if severe disease	Annual CMP	Annual CBC	Annual PT for severe disease	Annual FLP for inmates 40 and over	Annual TSH for inmates 40 and over	Annual APRI	Bi-annual CBC, CMP, APRI in severe disease	Annual AFP for severe disease	EGD every 2 - 3 years for severe disease unless on a non-cardio selective Beta Blocker	Annual Abdominal Ultrasound in severe disease. Severe disease = APRI $\geq$ 2.0; stigmata of liver disease or platelets $\leq$ 120,000.				
<b>Seizures</b>	Annual Physical Examination	Annual Oral Examination (by provider)	Annual Flu Vaccine	Annual CMP														

**Seizure - Medication Table**

Phenytoin	Drug level – if seizures uncontrolled or toxicity symptoms present	Ethosuximide	Drug level – if seizures uncontrolled or toxicity symptoms present
Carbamazepine	Drug level – if seizures uncontrolled or toxicity symptoms present CBC – every 6 months CMP – every 6 months	Valproic Acid	Drug level – if seizures uncontrolled or toxicity symptoms present CBC – every 6 months CMP – every 6 months
Phenobarbital	Drug level – if seizures uncontrolled or toxicity symptoms present		

**Pneumovax Vaccination Guidelines**

<b>Who needs to be vaccinated?</b>	<b>Who needs a second dose?</b>
<ul style="list-style-type: none"> <li>All people with unknown vaccination status.</li> <li>All unvaccinated adults age 65 years or older.</li> <li>All adults who smoke.</li> <li>All persons age 2-64 years who have chronic disease.</li> <li>All persons who have anatomic asplenia or are immunocompromised.</li> </ul>	<p>One time revaccination is indicated for: (1) All adults age 65 years and older who were previously vaccinated with pneumovax prior to age 65, if 5 years have elapsed since the previous dose. (2) All adults who are at highest risk of pneumococcal disease or who have anatomic asplenia or are immunocompromised, if 5 years have elapsed since the previous dose. No more than 2 doses are beneficial over a lifetime.</p>