Care Guide for Management of Cardiovascular Disorders			
Population	**Physician/Patient**	**Recommendations**	**Frequency**
Adults with risk factors of cardiovascular disease	Risk Factors	Consider diagnosis if any patient has a history of hypertension, tobacco use, physical inactivity and obesity, excessive alcohol intake, illegal drug use, heredity and race	Initial visit and follow-up visits.
Positive Diagnosis of CAD	Initial Physician Steps	• Blood pressure recorded during each visit (goal <140/80mm Hg or if chronic kidney disease or diabetic <130/80mm Hg) • Assess body mass index and /or waist circumference on each visit • Fasting Lipid Profile at least yearly • Provide influenza and pneumococcal vaccine if indicated • Consider Beta-Blocker if post MI or have LVSD • Consider ACE Inhibitor/ARB on patients with CAD and Diabetes and /or LVSD • Consider Statin Therapy • Consider Antiplatelet Therapy (75-162 mg/d indefinitely unless contraindicated) • Consider Warfarin Therapy for A-fib • Depression Screening	Initial visit and follow-up visits
Hypertension:	**Goal**: B/P <140/90 or <130/90mm Hg for chronic kidney disease or diabetics	• As tolerated, add blood pressure medication, treating initially with *B*-blockers and/or Ace inhibitors, with addition of other drugs such as thiazides as needed to achieve goal blood pressure. • Instruct on or review home blood pressure log	Initial visit and follow-up visits
Lipid Management	**Goal**: LDL-C < 100mg/dL If Triglycerides ≥ 200mg/dL, Non-HDL-C should be <130 dL	• If baseline LDL-C is ≥ 100mg/dL, initiate LDL-lowering drug therapy • If on treatment LDL-C is ≥ mg/dL, intensify LDL-lowering drug therapy • If triglycerides are 200-499 mg/dL, non-HDL-C should be <130 mg/dL initiate more intense LDL-C lowering therapy, Niacin or Fibrate therapy • If triglycerides are ≥ 500 mg/dl start with Fibrate or Niacin before LDL-C lowering therapy; and treat LDL-C to goal after triglyceride-lowering therapy. Achieve non-HDL-C <130 mg/dL if possible.	
Weight Management	**Goal:** Body mass index: 18.5 to 24.9 kg/m^2 Waist circumference: Men < 40 inches Women < 35 inches	• Encourage weight maintenance/reduction through an appropriate balance of physical activity, caloric intake and formal behavioral programs. • If waist circumference is ≥ 35 inches in women and ≥ 40 inches in men, initiate lifestyle changes and consider treatment strategies for metabolic syndrome as indicated. • The initial goal of weight loss therapy should be to reduce body weight by approximately 10% from baseline.	Initial visit and follow-up visits

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Influenza Vaccine	Yearly in October or November	• Patients with cardiovascular disease should have an influenza vaccination	Fall visit
Pneumonia Vaccine	As recommended	• Once or as recommended by your physician	
Adults (18 years and older) with a diagnosis of Cardiovascular Disease	Patient Education	Educate patient regarding: • DASH diet • Weight management and exercise program (30 min 7 days/wk minimum 5 days/wk) • Weight recorded each visit if diagnosed with CHF • Echocardiogram yearly if diagnosed with CHF • Signs and symptoms of chest pain/angina • Medications • Cardiovascular risk reduction • Nutrition • Implement Cardiovascular Action Plan • Refer to Disease Management Program	Initial visit and follow-up visits
	Patient Self-Monitoring	• Ability to monitor blood pressure • Ability to monitor weight management • Exercise a minimum of 5 days per week for 30 minutes • Diabetics should keep their HbA_{1c} <7% • Ability to recognize symptoms that should be reported to the physician	Initial visit and prn
All Patients Identified As Tobacco Users	Identification of Tobacco Use and Intervention to Promote Tobacco Cessation	• **Ask:** Identify all tobacco users with every visit • **Advise:** Strongly urge all tobacco users to quit • **Assess:** Determine willingness to quit • **Assist:** Aid the patient in quitting through education, self-help tips, nicotine replacement therapy or withdrawal medications • **Arrange:** Follow-up contact for progress/support	Initial visit and follow-up visits

References:
American Heart Association
National Institute of Health