

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

**OP 140137**  
**Attachment B**

<b>Asthma</b>	Annual Physical Examination	Annual Oral Examination (by provider)	Annual Flu Vaccine	Pneumovax (see guidelines)	Annual Peakflow or spirometry										
<b>CAD</b>	Annual Physical Examination	Annual Oral Examination (by provider)	Annual Flu Vaccine	Pneumovax (see guidelines)	Baseline EKG, then at providers 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	Annual dilated retinal examination	Annual CMP	Annual Fasting Lipid Profile	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	Fasting Lipid Profile every 3 years	Annual urinalysis with protein (dipstick)					
<b>Liver Disease</b>	Annual Physical Examination	Pneumovax in severe disease (see guidelines)	Annual Flu Vaccine	Hepatitis A & B vaccine series if not contraindicated or already immune	One Time HCV PCR RNA	Annual CBC CMP & PT/INR	Annual APRI and/or FIB-4 in non-severe patients	HCV treatment work-up with APRI $\geq$ 0.7 or FIB-4 $\geq$ 1.45 or severe disease	Bi-Annual Child-Pugh Score in severe disease	Bi-annual CBC, CMP, PT/INR, AFP In severe disease	EGD every 2 – 3 years for severe disease; annual EGD in CTP class C	Bi-Annual Abdominal Ultrasound in severe disease. Severe disease = APRI $\geq$ 2.0, FIB-4 > 3.25; 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 HFP – every 6 months	Valproic Acid	Drug level – if seizures uncontrolled or toxicity symptoms present CBC – every 6 months HFP – every 6 months
Phenobarbital	Drug level – if seizures uncontrolled or toxicity symptoms present		

**Pneumovax Vaccination Guidelines**

**Who needs to be vaccinated?**

- All people with unknown vaccination status.
- All unvaccinated adults age 65 years or older.
- All adults who smoke.
- All persons age 2-64 years who have chronic disease.
- All persons who have anatomic asplenia or are immunocompromised.

**Who needs a second dose?**

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.