

Lipids

Dyslipidemia is one of six major, independent cardiovascular disease risk factors, The aggressive and successful management of lipids is critical to the well being of anyone with diabetes, hypertension, heart disease, or high risk for heart disease. SETMA's Lipids Suite of Templates provides a foundation for the treatment of dyslipidemia.

The Lipids Suite of Templates can be accessed from:

- AAA Home

SOUTHEAST TEXAS MEDICAL ASSOCIATES, L.L.P.

Patient: Sex: Age: DOB:

Home Phone: Work Phone:

Patient's Code Status:

[SETMA's LESS Initiative](#) | [Preventing Diabetes](#) | [Preventing Hypertension](#) | [Medical Home Coordination](#)
[Charge Posting Tutorial](#) | [ICD-9 Code Tutorial](#) | [E&M Coding Recommendations](#) | **Needs Attention!!**

[Master GP](#) | [Nursing Home](#) | [Ophthalmology](#) | [Pediatrics](#) | [Physical Therapy](#) | [Podiatry](#) | [Rheumatology](#)
[Daily Progress](#) | [Admission Orders](#) | [Discharge](#) | [Insulin Infusion](#) | [Colorectal Surgery](#) | [Pain Management](#) |

[Exercise](#) | [CHF Exercise](#) | [Diabetic Exercise](#) | [Drug Interactions](#) | [Smoking Cessation](#) |
[Hydration](#) | [Nutrition](#) | [Guidelines](#) | [Lab Future](#) | [Lab Results](#) |

Disease Management

[Acute Coronary Syn](#) | [Angina](#) | [Asthma](#) | [CHF](#) | [Diabetes](#) | [Headaches](#) | [Hypertension](#) | **[Lipids](#)** | [Cardiometabolic Risk Syndrome](#) |
[Weight Management](#) | [Renal Failure](#) | [Diabetes Edu](#)

Patient's Pharmacy:

Phone: Fax:

Pending Referrals | [Referral History](#)

Status	Priority	Referral	Referring Provider
Completed	Routine	Test	Abbas

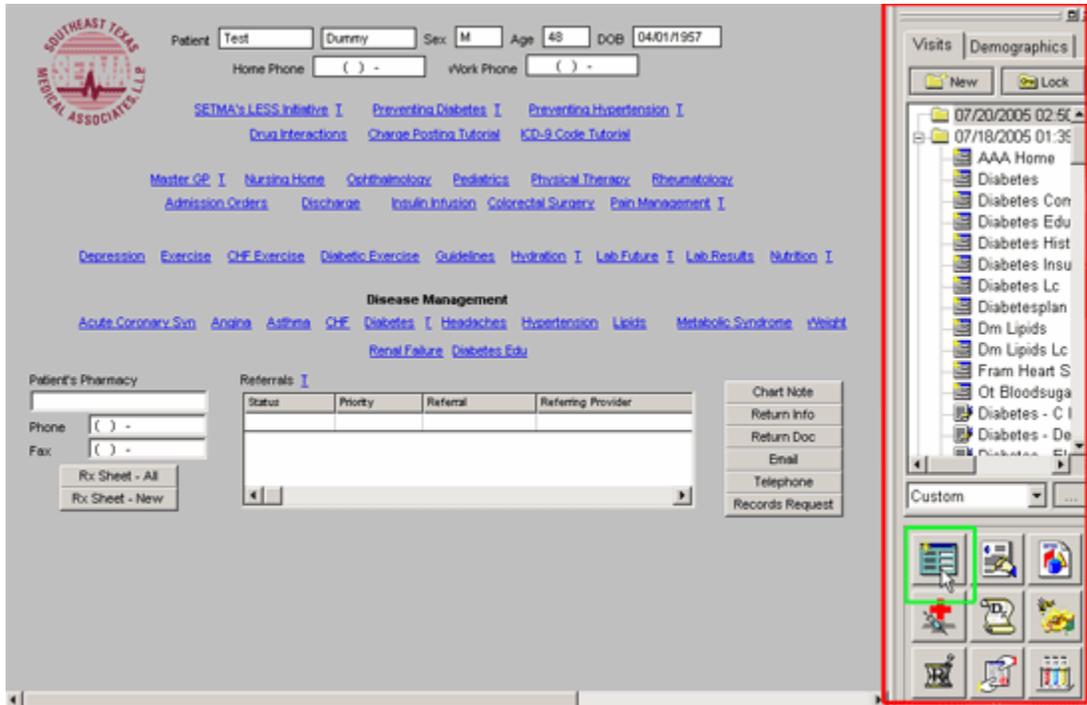
Archived Referrals - Do not use for new referrals

Status	Priority	Referral	Referring Provider
In Progress			James L. Holly MD

Chart Note

-
-
-
-
-
-

- NextGen's Main Tool Bar's Template Icon



- When the Template button is clicked you will be presented with the preference list.
- If the Diabetes Master Template is listed as one of your preferences, select it.
- If it is not one of your preferences, select the All radio button and then scroll down until you find it in the list.



NOTE: For more on how to set up your preferences, [Click Here](#)

- All other disease management suites of templates

The organization and content of SETMA’s Lipids Suite of Templates is as follows.

Master Lipids Template

The Maser Lipids Template is organized into four columns:

The screenshot displays the 'Lipids Management' software interface. At the top, it shows patient information: Patient (RichmondPROL), Ztest, Age (35), and Sex (M). The interface is divided into several sections:

- Compliance:** Includes fields for Last Lipid, Last CRP, Last Liver Panel, Height, Weight, BMI, Body Fat, BMR, Protein Req, and Waist. It also features Blood Pressure input fields and checkboxes for Diabetes Mellitus and Metabolic Syndrome.
- Most Recent Labs:** A table for tracking lab results with columns for Lab Name, Value, and Goal. Labs listed include Cholesterol, HDL, HDL 2, HDL 3, Cholesterol/HDL, Triglycerides, TrigHDL, Chylomicrons, CPK, Lp(a), LDL, IDL, VLDL, and LDL-Remnant. It also includes checkboxes for Pattern A, B, and A/B, and a 'Labs Over Time' button.
- Risk Factors:** A list of checkboxes for various conditions: Coronary Heart Disease, MI (Heart Attack), Angina, CABG, Non-Coronary Atherosclerosis (Peripheral Artery Disease, Cerebrovascular Disease, Aortic Aneurysm), Male Age > 45, Female Age > 55, Hypertension > 140/90, Blood Pressure Medications, and Smoking. It also includes checkboxes for HDL (Male < 40, Female < 50) and FHx Premature HD (Male First Degree < 55, Female First Degree < 65).
- Assessment:** Includes an 'Update' button and a note: 'Measures should be taken to lower LDL to below 70.' It also has a 'Last Updated/Reviewed' field.
- Navigation:** A sidebar menu with 'Lipids' selected. It includes buttons for Home, Lipids System Review, Extremity Exam, Eye Exam, Cardio Exam, Lifestyle Changes, and Lipids Plan. Below this is a 'Lipoprotein Metabolism' section with a 'Summary of Lipid Studies' button and a list of topics: Lipoproteins, Significance, Composition, Classification, Hyperlipoproteinemias, Hypolipoproteinemias, VLDLs, IDLs, LDLs, HDLs, LDL Receptors, Chylomicrons, Chylomicrons and Triglycerides, and Secondary Causes of Abnormal Lipids (Hypercholesterolemia, Hypocholesterolemia, Low HDL, Hypertriglyceridemia).

Column 1 --

At the top, is a button entitled “SETMA’s Lipid Philosophy”; the pop-up which is launched by depressing this button states:

“The treatment of lipids has become more complex in that half of all patients who have heart attacks have ‘normal’ cholesterol and only 25% of patients with premature coronary artery disease have abnormal LDL levels. Premature CAD is not rare in fact 25% of acute myocardial infarctions in community hospitals occur in men under 55 and women under 65. In fact, 58% of these patients had LDL cholesterol less than 130. Also, 80% of patients who had an event in the Framingham study had ordinary lipid identical to the population that was event free.

This is why SETMA's lipid clinic will evaluate patients for other lipid particles including:

- Lp(a) which is ten times more atherogenic than R-LDL (Real LDL). Lp(a) is unresponsive to statins but responds well to niacin, fenofibrate or estrogen/raloxifene.
- IDL (Intermediate Density Lipoproteins) is also more atherogenic than R-LDL and is "statin-resistant," often requiring statin plus niacin for treatment
- The density (size) of the LDL particles is also very important in treatment. Small, dense LDL particles are much more atherogenic because they slip through the coronary endothelial wall more easily and deposit their cholesterol burden, and are more easily oxidized. Small, dense LDL occurs in 40-50% of patients with CAD. Dense LDL (Pattern B) is associated with a 4 fold increased risk for CAD and a 6.9 fold risk for myocardial infarction, by contrast, even very high total cholesterol and total LDL are associated with only a 2-fold increase in risk for CAD.
- Conversion from dense LDL (Pattern B) to buoyant LDL (Pattern A), with larger particles, accounts for up to 50% of the regression of atherosclerosis in many studies.
- Dense LDL is amenable to treatment with niacin, fenofibrate, the insulin receptor sensitizing glitazones and omega-3 fatty acids (fish oils).
- The use of fish oils reduces risk of cardiac death and nonfatal MI in both high risk and low risk men and woman and this may be due to the ability of omega-3 fatty acids to shift LDL particles from dense to forms."

Note: In order to evaluate many of these lipid particles specialized lipids testing such as the VAP test must be ordered. However, most insurance companies do not cover these tests; therefore, the patient will need to know their responsibility for payment for these tests before they are performed. **Beneath this button are the following:**

Compliance

- **LastLipid** – this displays the date of the last lipid lab values. This is automatically updated from the lab order templates.
- **Last CRP** – c - reactive protein – this displays the date of the last hsCRP. This is automatically updated from the lab order templates.
- **Last Liver Panel** – this displays the date of the last live panel. This is automatically updated from the lab order templates.

Lipids Management

Patient
Age Sex

[SEIMA'S Lipid Philosophy](#)

Compliance

Last Lipid
Last CRP
Last Liver Panel

Height inches
Weight pounds
BMI
Body Fat %
BMR cal/day
Protein Req grams/day
Waist inches

Blood Pressure
 / mmHg
 / mmHg
 / mmHg

Diabetes Mellitus + -
[Metabolic Syndrome](#) + -

Fredrickson Classification

Assess from Labs

I IIa IIb
 III IV V

Last Updated/Reviewed

Most Recent Labs

Cholesterol
[HDL](#)
[HDL 2](#)
[HDL 3](#)
Cholesterol/HDL
[Triglycerides](#)
[Trig/HDL](#)
[Chylomicrons](#) + -
CPK
[Lp\(a\)](#)
[LDL](#)
[IDL](#)
[VLDL](#)
[LDL-Remnant](#)
 Pattern A
 Pattern B
 Pattern A/B
Homocystiene
[hsCRP](#)
[Apo A1](#)
[Apo B](#)
Apo E2
[Apo E4](#)

Risk Factors

Coronary Heart Disease
 MI (Heart Attack)
 Angina
 CABG
Non-Coronary Atherosclerosis
 Peripheral Artery Disease
 Cerebrovascular Disease
 Aortic Aneurysm
[Fram. CVD 10-Year Risk](#) %
[Fram. Stroke 10-Year Risk](#) 0
[Global Cardio Risk](#) .0

Male Age > 45
 Female Age > 55
 Hypertension > 140/90
 Blood Pressure Medications
 Smoking
HDL
 Male < 40
 Female < 50
FHx Premature HD
 Male First Degree < 55
 Female First Degree < 65

Measures should be taken to lower LDL to below 70.

Last Updated/Reviewed

Navigation

Lipids General

Lipoprotein Metabolism

Secondary Causes of Abnormal Lipids

Vital Signs

- Height
- Weight
- BMI
- Protein Req
- Waist
- **Blood Pressure** – three boxes are available for documenting subsequent readings.

Lipids Management

Patient:
 Age: Sex:

[SEITMA's Lipid Philosophy](#)

Compliance

Last Lipid
 Last CRP
 Last Liver Panel

Height inches
 Weight pounds
 BMI
 Body Fat %
 BMR cal/day
 Protein Req grams/day
 Waist inches

Blood Pressure
 / mmHg
 / mmHg
 / mmHg

Diabetes Mellitus + -
 Metabolic Syndrome + -

Fredrickson Classification

Assess from Labs
 I IIa IIb
 III IV V

Last Updated/Reviewed

Most Recent Labs

Cholesterol //
[HDL](#) //
[HDL 2](#)
[HDL 3](#)
 Cholesterol/HDL
[Triglycerides](#) //
[Trig/HDL](#)
[Chylomicrons](#) + -
 CPK //
[Lp\(a\)](#)
[LDL](#) //
[IDL](#)
[VLDL](#)
[LDL-Remnant](#)

Pattern A
 Pattern B
 Pattern A/B

Homocystiene //
[hsCRP](#) //
[Apo A1](#)
[Apo B](#)
 Apo E2
[Apo E4](#)

Risk Factors

Coronary Heart Disease
 MI (Heart Attack)
 Angina
 CABG

Non-Coronary Atherosclerosis
 Peripheral Artery Disease
 Cerebrovascular Disease
 Aortic Aneurysm

[Fram. CVD 10-Year Risk](#) %
[Fram. Stroke 10-Year Risk](#)
[Global Cardio Risk](#)

Male Age > 45
 Female Age > 55
 Hypertension > 140/90
 Blood Pressure Medications
 Smoking

HDL
 Male < 40
 Female < 50

FHx Premature HD
 Male First Degree < 55
 Female First Degree < 65

Assessment
Measures should be taken to lower LDL to below 70.
 Last Updated/Reviewed

Navigation

Lipids General

Home

Lipoprotein Metabolism

Secondary Causes of Abnormal Lipids

Diabetes Mellitus – check boxes are present for indicating whether or not the patient has diabetes.

Lipids Management

Patient: RichmondPROJ Ztest
 Age: 35 Sex: M

Navigation: Lipids General

Home: Lipids System Review, Extremity Exam, Eye Exam, Cardio Exam, Lifestyle Changes, Lipids Plan

Compliance

Last Lipid: //
 Last CRP: //
 Last Liver Panel: //

Height: // inches
 Weight: // pounds
 BMI: //
 Body Fat: // %
 BMR: // cal/day
 Protein Req: // grams/day
 Waist: // inches

Blood Pressure: // / // mmHg
 // / // mmHg
 // / // mmHg

Diabetes Mellitus + -
 Metabolic Syndrome + -

Fredrickson Classification

Assess from Labs
 I IIa IIb
 III IV V

Help Info
 Last Updated/Reviewed: //

Most Recent Labs Goals

Check for New Labs

Cholesterol: //
 HDL: //
 HDL 2: //
 HDL 3: //
 Cholesterol/HDL: //
 Triglycerides: //
 Trig/HDL: //
 Chylomicrons: + // -
 CPK: //
 Lp(a): //
 LDL: //
 IDL: //
 VLDL: //
 LDL-Remnant: //

Pattern A
 Pattern B
 Pattern A/B

Homocystiene: //
 hsCRP: //
 Apo A1: //
 Apo B: //
 Apo E2: //
 Apo E4: //

Labs Over Time

Risk Factors

Coronary Heart Disease
 MI (Heart Attack)
 Angina
 CABG

Non-Coronary Atherosclerosis
 Peripheral Artery Disease
 Cerebrovascular Disease
 Aortic Aneurysm

Fram_CVD 10-Year Risk: // %
 Fram_Stroke 10-Year Risk: 0
 Global Cardio Risk: .0

Male Age > 45
 Female Age > 55
 Hypertension > 140/90
 Blood Pressure Medications
 Smoking

HDL
 Male < 40
 Female < 50

FHx Premature HD
 Male First Degree < 55
 Female First Degree < 65

Assessment Update
 Measures should be taken to lower LDL to below 70.
 Last Updated/Reviewed: //

Lipoprotein Metabolism

Summary of Lipid Studies
 Lipoproteins
 Significance
 Composition
 Classification
 Hyperlipoproteinemias
 Hypolipoproteinemias
 VLDLs
 IDLs
 LDLs
 HDLs
 LDL Receptors
 Chylomicrons
 Chylomicrons and Triglycerides

Secondary Causes of Abnormal Lipids

Hypercholesterolemia
 Hypocholesterolemia
 Low HDL
 Hypertriglyceridemia

Metabolic Syndrome – this is a link to the assessment template for the Metabolic Syndrome. The elements of diagnosing the Metabolic Syndrome are automatically populated and the determination is made as to whether the patient has the Metabolic Syndrome or not. Both the World Health Organization and the ATP-III criteria are displayed, but the notation for the presence of the Metabolic Syndrome in SETMA’s templates is based on ATP-III.

Lipids Management

Patient: RichmondPROT Ztest
 Age: 35 Sex: M

Compliance

Last Lipid: //
 Last CRP: //
 Last Liver Panel: //

Height: // inches
 Weight: // pounds
 BMI: //
 Body Fat: // %
 BMR: // cal/day
 Protein Req: // grams/day
 Waist: // inches

Blood Pressure: // / // mmHg
 // / // mmHg
 // / // mmHg

Diabetes Mellitus: + -
Metabolic Syndrome + -

Fredrickson Classification

Assess from Labs
 I IIa IIb
 III IV V
 Help Info

Last Updated/Reviewed: //

Most Recent Labs Goals

Check for New Labs

Cholesterol: //
 HDL: //
 HDL 2: //
 HDL 3: //
 Cholesterol/HDL: //
 Triglycerides: //
 Trig/HDL: //
 Chylomicrons: + // - //
 CPK: //
 Lp(a): //
 LDL: //
 IDL: //
 VLDL: //
 LDL-Remnant: //

Pattern A
 Pattern B Info
 Pattern A/B

Homocystiene: //
 hsCRP: //
 Apo A1: //
 Apo B: //
 Apo E2: //
 Apo E4: //

Labs Over Time: //

Risk Factors

Coronary Heart Disease
 MI (Heart Attack)
 Angina
 CABG
 Non-Coronary Atherosclerosis
 Peripheral Artery Disease
 Cerebrovascular Disease
 Aortic Aneurysm

Fram. CVD 10-Year Risk: // %
 Fram. Stroke 10-Year Risk: 0
 Global Cardio Risk: .0

HDL
 Male < 40
 Female < 50

FHx Premature HD
 Male First Degree < 55
 Female First Degree < 65

Assessment Update
 Measures should be taken to lower LDL to below 70.
 Last Updated/Reviewed: //

Navigation

Lipids General

Home
 Lipids System Review
 Extremity Exam
 Eye Exam
 Cardio Exam
 Lifestyle Changes
 Lipids Plan

Lipoprotein Metabolism

Summary of Lipid Studies
 Lipoproteins
 Significance
 Composition
 Classification
 Hyperlipoproteinemias
 Hypolipoproteinemias
 VLDLs
 IDLs
 LDLs
 HDLs
 LDL Receptors
 Chylomicrons
 Chylomicrons and Triglycerides

Secondary Causes of Abnormal Lipids

Hypercholesterolemia
 Hypocholesterolemia
 Low HDL
 Hypertriglyceridemia

Cardiometabolic Risk Syndrome Assessment

Last Updated/Reviewed

//

WHO Diagnostic Criteria

+ -

ATP III Diagnostic Criteria

+ -

Return

Triglycerides mg/dL

≥ 150 mg/dL

≥ 150 mg/dL

Central Obesity

Waist inches

Hip inches

Ratio

BMI mg/m²

Ratio
Men > 0.90
Women > 0.85
BMI > 30

Waist
Men > 40 inches
Women > 35 inches

Blood Pressure

/ mmHg

$> 140/90$ mmHg

$> 130/85$ mmHg

Glucose Abnormalities

Fasting mg/dL

2 Hr GTT mg/dL

Diabetes + -

Insulin Resistance + -

Fasting > 110 mg/dL
2 Hr GTT > 140 mg/dL
Diabetes
Insulin Resistance

Fasting > 110 mg/dL

HDL mg/dL

Men < 35 mg/dL
Women < 39 mg/dL

Men < 40 mg/dL
Women < 50 mg/dL

Microalbuminuria

Alb/Creat mg/g

Spot A/C mg/dL

> 30 mg/g
 > 2.9 mg/dL

Minor Features

- Pro-inflammatory State: Increased CRP
- Polycystic Ovarian Syndrome
- Coronary Heart Disease
- Small, dense LDL particle size
- Increased Apolipoprotein B
- Hypercoagulability/Prothrombotic State: Increased fibrinogen and PAI-1.
- Vascular Endothelial Dysfunction: The inside of the artery doesn't work correctly.
- Microalbuminuria: The kidneys fail and allow protein to go into urine inappropriately.

Fredrickson Classification

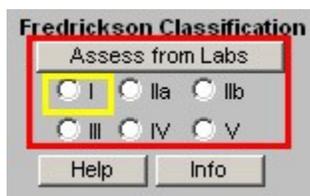
The screenshot shows the 'Lipids Management' software interface for a patient named RichmondPROI, Ztest, age 35, sex M. The interface is divided into several sections:

- Compliance:** Fields for Last Lipid, Last CRP, Last Liver Panel, Height, Weight, BMI, Body Fat, BMR, Protein Req, and Waist.
- Most Recent Labs:** A table with columns for Lab Name, Value, and Units. Labs include Cholesterol, HDL, HDL 2, HDL 3, Cholesterol/HDL, Triglycerides, Trig/HDL, Chylomicrons, CPK, Lp(a), LDL, IDL, VLDL, and LDL-Remnant. There are also checkboxes for Pattern A, B, and A/B.
- Risk Factors:** Checkboxes for Coronary Heart Disease, MI (Heart Attack), Angina, CABG, Non-Coronary Atherosclerosis, Peripheral Artery Disease, Cerebrovascular Disease, and Aortic Aneurysm. It also includes Framingham CVD and Stroke 10-Year Risk calculators and Global Cardio Risk.
- Assessment:** Checkboxes for Male/Female Age > 45/50, Hypertension > 140/90, Blood Pressure Medications, and Smoking. It includes an 'Update' button and a note: 'Measures should be taken to lower LDL to below 70.'
- Navigation:** Buttons for Home, Lipids System Review, Extremity Exam, Eye Exam, Cardio Exam, Lifestyle Changes, and Lipids Plan.
- Lipoprotein Metabolism:** A list of lipid studies including Summary of Lipid Studies, Lipoproteins, Significance, Composition, Classification, Hyperlipoproteinemias, Hypolipoproteinemias, VLDLs, IDLs, LDLs, HDLs, LDL Receptors, Chylomicrons, and Chylomicrons and Triglycerides.
- Secondary Causes of Abnormal Lipids:** A list including Hypercholesterolemia, Hypocholesterolemia, Low HDL, and Hypertriglyceridemia.

The 'Fredrickson Classification' section is highlighted with a red box and contains the following elements:

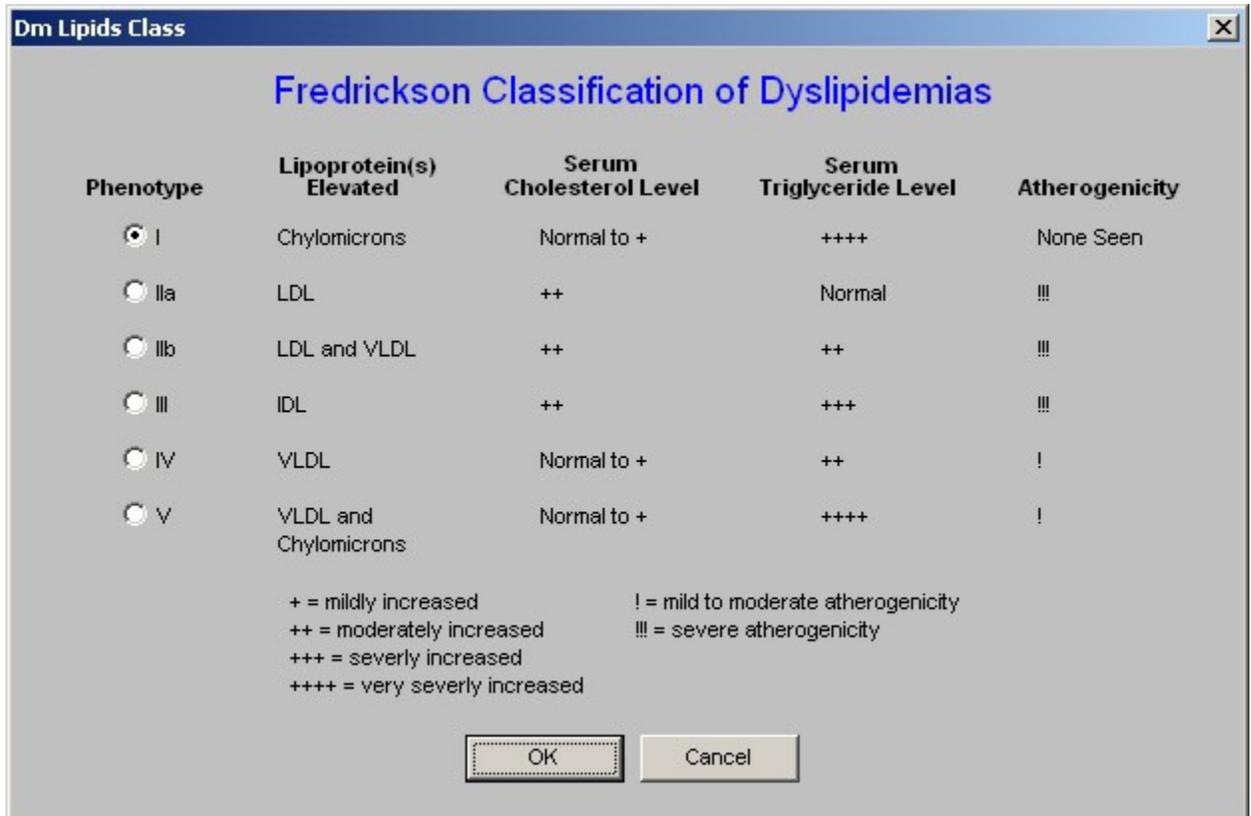
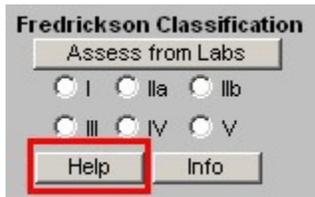
- Assess from Labs:** A button to calculate the classification based on lab data.
- Radio Buttons:** Six radio buttons representing Fredrickson classes: I, IIa, IIb, III, IV, and V. The 'I' button is currently selected.
- Help and Info:** Two buttons for additional information.

- **Assess from Labs** – this button (**Assessment from Labs**) launches a calculation which evaluates the laboratory data displayed in column 2 to determine which one of **six Fredrickson Classes of Lipids** is present in this patient. There are times, particularly when the patient is treated, that the classification will not automatically calculate. And, there are many times, of course, when the patient’s lipids are normal and therefore the classification does not calculate because it does not apply.
- **Types I, IIa, IIb, III, IV, V** – when the Assess from Labs button is depressed and when there is a clear Fredrickson category present, the appropriate check box is automatically indicated

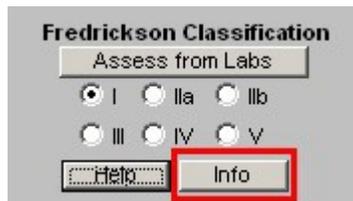


- **Help** – this help button launches a pop-up which displays the six **Fredrickson Classifications** and gives the details of each based on:
 1. Lipoproteins Elevated,

2. Serum Cholesterol Level,
3. Serum Triglyceride Level.
4. Atherogenicity.



- **Info** – this button launches a monograph about the particular **Fredrickson Classification** which is indicated by the **Assess from Lab** function. This article can be printed and given to the patient or read by the provider.



Sample



SETMA I - 2929 Calder, Suite 100
SETMA II - 3570 College, Suite 200
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Type I Hyperlipoproteinemia

(Exogenous Hypertriglyceridemia; Familial Fat-Induced Lipemia; Hyperchylomicronemia)

A relatively rare inherited deficiency of either lipoprotein lipase activity or the lipase-activating protein apo C-II, causing an inability to effectively remove or "clear" chylomicrons and VLDL triglycerides from the blood.

Symptoms, Signs, and Diagnosis

This disease is manifested in children or young adults by pancreatitis-like abdominal pains; pinkish yellow papular cutaneous deposits of fat (eruptive xanthomas), especially over pressure points and extensor surfaces; lipemia retinalis; and hepatosplenomegaly. Symptoms and signs are exacerbated by increased dietary fat that accumulates in the circulation as chylomicrons.

Spectacular plasma triglyceride levels cause marked lactescence of plasma. Chylomicrons, which refract light and produce lactescence, accumulate as a floating cream layer in a plasma sample refrigerated overnight at 4°C (39.2°F). This cream layer overlying an otherwise clear plasma is often diagnostic, as is the failure of the lipoprotein lipase activity to increase after injection of IV heparin (post-heparin lipolytic activity). If the plasma beneath the cream layer is turbid, then VLDL triglycerides are also elevated.

Prognosis and Treatment

The goal is to reduce circulating chylomicrons to avoid episodes of acute pancreatitis, which is the principal sequela. Abdominal pain that recurs during periods of fat indulgence may be marked by severe and sometimes fatal hemorrhagic pancreatitis. Since hypertriglyceridemia is promoted by ingesting fat, whether saturated, unsaturated, or polyunsaturated, a diet markedly restricted in all common sources of fat is effective. Calories can be supplemented and palatability enhanced by using 20 to 40 g of medium chain (C12 or less) triglycerides a day. These fatty acids are not transported via chylomicron formation, but are bound to albumin and pass directly through the portal system to the liver. There is no evidence that type I hyperlipoproteinemia predisposes to atherosclerosis.

Column 2 --

At the top, you will find the patient's name, age and sex

Beneath that is a button entitled "Goals," this gives SETMA's goals in treating dyslipidemia. They are:

Total Cholesterol	<120
HDL	>50
HDL2	>10
HDL3	>30
Triglycerides	<90
Lp(a)	<10
Total LDL	<70
IDL	<20

VLDL	<30
LDL-Remnant	<30
Pattern	Pattern A
Homocysteine	<10.4
hsCRP	<1.0
ApoA1	Male 100-205; Females 125-215
ApoB	Male 55-140; Females 55-125

These are aggressive goals but emerging research data is supporting these as appropriate goals for those who are either at “high risk” as determined by:

- the Framingham Risk Score,
 - a personal history of cardiovascular disease,
 - the presence of diabetes,
 - having the metabolic syndrome
- and/or**
- a personal desire to eliminate atherosclerosis risk so far as is possible.

Lipids Management

SETMA's Lipid Philosophy

Patient: RichmondPROJ Ztest
 Age: 35 Sex: M

Compliance
 Last Lipid: / /
 Last CRP: / /
 Last Liver Panel: / /
 Height: inches
 Weight: pounds
 BMI:
 Body Fat: %
 BMR: cal/day
 Protein Req: grams/day
 Waist: inches
 Blood Pressure: mmHg
 Diabetes Mellitus: + -
 Metabolic Syndrome: + -

Fredrickson Classification
 Assess from Labs
 I IIa IIb
 III IV V
 Help Info

Last Updated/Reviewed: 12/01/2009

Most Recent Labs: **Goals**
 Check for New Labs

Risk Factors
 Coronary Heart Disease
 MI (Heart Attack)

Dm Lipids Labgoal

Laboratory Goals

Lab Test	Desired Results
Total Cholesterol	< 120
HDL	> 50
HDL2	> 10
HDL3	> 30
Triglycerides	< 90
Lp(a)	< 10.0
Total LDL	< 70
IDL	< 20
VLDL	< 30
LDL-Remnant	< 30
Pattern	Pattern A is desired.
Homocystein	< 10.4
hsCRP	< 1.0
ApoA1	Male: 100-205, Female: 125-215
ApoB	Male: 55-140, Female: 55-125

OK Cancel

Apo E4
 Labs Over Time

lower LDL to below 70.
 Last Updated/Reviewed: / /

Navigation

Return
 Lipids System Review
 Extremity Exam
 Eye Exam
 Cardio Exam
 Lifestyle Changes
 Lipids Plan

Lipoprotein Metabolism

Summary of Lipid Studies
 Lipoproteins
 Significance
 Composition
 Classification
 Hyperlipoproteinemias
 Hypolipoproteinemias
 VLDLs
 IDLs
 LDLs
 HDLs
 LDL Receptors
 Chylomicrons
 Chylomicrons and Triglycerides

Secondary Causes of Abnormal Lipids

Hypercholesterolemia
 Hypocholesterolemia
 Low HDL
 Hypertriglyceridemia

Beneath this is a button entitled “**Check for new labs**” – when this button is depressed the system finds the latest laboratory values available and populates the template with them. The date on which each lab test was performed is indicated in the box to the right of each lab value.

Lipids Management Patient: RichmondPROI Ztest
 SETMA's Lipid Philosophy Age: 35 Sex: M

Compliance
 Last Lipid: //
 Last CRP: //
 Last Liver Panel: //
 Height: // inches
 Weight: // pounds
 BMI: //
 Body Fat: // %
 BMR: // cal/day
 Protein Req: // grams/day
 Waist: // inches
 Blood Pressure: // / // mmHg
 Diabetes Mellitus: + -
 Metabolic Syndrome: + -
Fredrickson Classification
 Assess from Labs
 I IIa IIb
 III IV V
 Help Info
 Last Updated/Reviewed: 12/01/2009

Most Recent Labs
 Cholesterol: //
[HDL](#): //
[HDL 2](#): //
[HDL 3](#): //
 Cholesterol/HDL: //
[Triglycerides](#): //
[Trig/HDL](#): //
[Chylomicrons](#): + -
 CPK: //
[Lp\(a\)](#): //
[LDL](#): //
[IDL](#): //
[VLDL](#): //
[LDL-Remnant](#): //
 Pattern A
 Pattern B
 Pattern A/B
 Homocystiene: //
[hsCRP](#): //
[Apo A1](#): //
[Apo B](#): //
 Apo E2: //
[Apo E4](#): //

Risk Factors
 Coronary Heart Disease
 MI (Heart Attack)
 Angina
 CABG
 Non-Coronary Atherosclerosis
 Peripheral Artery Disease
 Cerebrovascular Disease
 Aortic Aneurysm
 Fram. CVD 10-Year Risk: // %
 Fram. Stroke 10-Year Risk: 0
 Global Cardio Risk: .0
 Male Age > 45
 Female Age > 55
 Hypertension > 140/90
 Blood Pressure Medications
 Smoking
 HDL
 Male < 40
 Female < 50
 FHx Premature HD
 Male First Degree < 55
 Female First Degree < 65
Assessment
measures should be taken to lower LDL to below 70.
 Last Updated/Reviewed: //

Navigation

 Lipids System Review
 Extremity Exam
 Eye Exam
 Cardio Exam
 Lifestyle Changes
 Lipids Plan

Lipoprotein Metabolism
 Summary of Lipid Studies
 Lipoproteins
 Significance
 Composition
 Classification
 Hyperlipoproteinemias
 Hypolipoproteinemias
 VLDLs
 IDLs
 LDLs
 HDLs
 LDL Receptors
 Chylomicrons
 Chylomicrons and Triglycerides

Secondary Causes of Abnormal Lipids
 Hypercholesterolemia
 Hypocholesterolemia
 Low HDL
 Hypertriglyceridemia

Note: Any Lab Name which is in Blue has a explanatory document attached to it which can be accessed by the clicking of the name. The document launched by these buttons can also be printed.

Lipids Management

SETMA's Lipid Philosophy

Patient

Age Sex

Navigation

Return

-
-
-
-
-
-

Compliance

Last Lipid
Last CRP
Last Liver Panel
Height inches
Weight pounds
BMI
Body Fat %
BMR cal/day
Protein Req grams/day
Waist inches
Blood Pressure / mmHg
 / mmHg
 / mmHg
Diabetes Mellitus + -
[Metabolic Syndrome](#) + -
Fredrickson Classification

 I IIa IIb
 III IV V

Last Updated/Reviewed

Most Recent Labs

Cholesterol	<input type="text"/>	<input type="text" value="//"/>
HDL	<input type="text"/>	<input type="text" value="//"/>
HDL 2	<input type="text"/>	
HDL 3	<input type="text"/>	
Cholesterol/HDL	<input type="text"/>	
Triglycerides	<input type="text"/>	<input type="text" value="//"/>
Trig/HDL	<input type="text"/>	
Chylomicrons	<input type="text"/>	<input type="text"/>
CPK	<input type="text"/>	<input type="text" value="//"/>
Lp(a)	<input type="text"/>	
LDL	<input type="text"/>	<input type="text" value="//"/>
IDL	<input type="text"/>	
VLDL	<input type="text"/>	
LDL-Remnant	<input type="text"/>	
<input type="checkbox"/> Pattern A		
<input type="checkbox"/> Pattern B	<input type="button" value="Info"/>	
<input type="checkbox"/> Pattern A/B		
Homocystiene	<input type="text"/>	<input type="text" value="//"/>
hsCRP	<input type="text"/>	<input type="text" value="//"/>
Apo A1	<input type="text"/>	
Apo B	<input type="text"/>	
Apo E2	<input type="text"/>	
Apo E4	<input type="text"/>	

Risk Factors

Coronary Heart Disease
 MI (Heart Attack)
 Angina
 CABG
Non-Coronary Atherosclerosis
 Peripheral Artery Disease
 Cerebrovascular Disease
 Aortic Aneurysm
Fram_CVD 10-Year Risk %
Fram_Stroke 10-Year Risk
Global Cardio Risk
 Male Age > 45
 Female Age > 55
 Hypertension > 140/90
 Blood Pressure Medications
 Smoking
HDL
 Male < 40
 Female < 50
FHx Premature HD
 Male First Degree < 55
 Female First Degree < 65
Assessment
Measures should be taken to lower LDL to below 70.
Last Updated/Reviewed

Lipoprotein Metabolism

-
-
-
-
-
-
-
-
-
-
-
-
-
-

Secondary Causes of Abnormal Lipids

-
-
-
-



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Chylomicrons

Chylomicrons transport dietary fat from gut to adipose tissue, liver and muscle cells. They have the heaviest mass of any lipid-containing particle and are the richest in triglyceride. In general, fat absorption is complete within a few hours of ingesting food, and the chylomicron concentration fluctuates during this period. In fit, healthy people chylomicrons account for a modest postprandial rise in triglycerides. However, in individuals where the clearance of chylomicrons from the circulation is delayed there may be a marked rise in triglyceride following food intake.

Chylomicrons are initially secreted into the lacteals of the small intestine and enter the lymphatic circulation. They then enter the blood via the thoracic duct in the chest.

They consist of approximately:

- * 80% triglyceride
- * 9% phospholipids
- * 6% cholesterol and cholesterol-esters
- small proportion of protein:
 - * apolipoprotein B from small intestine
 - * apolipoprotein C from HDL

Lipoprotein lipase, an enzyme located on the surface of endothelial capillaries, works in the presence of apolipoprotein C to degrade triglyceride within the chylomicron to free fatty acids and glycerol. These products may be taken up and either respired or resynthesized into triglycerides for storage.

Thus, the chylomicron is reduced in size by the removal of lipid. The resulting particle is a chylomicron remnant which is phagocytosed in hepatocytes via receptors that recognize apolipoprotein E (apo E).

The lab results which are automatically pulled from NextGen's Laboratory Module into SETMA's Master Lipid Template are:

- Cholesterol
- HDL
- HDL 2
- HDL 3
- Cholesterol/HDL Ratio
- Triglycerides
- Trig/HDL
- Chylomicrons
- CPK
- Lp(a)
- LDL
- IDL
- VLDL
- LDL-Remnant
- 0. Pattern A

- 0. Pattern B
- 0. Pattern A/B

- Homocysteine
- hsCRP
- ApoA1
- ApoB
- ApoE2
- Apo E4

At the bottom of this column is a button entitled “**Lab Over Time,**” which allows you to simultaneously view the results of multiple lab values on different dates.

Lipids Management Patient: RichmondPROI Ztest
Age: 35 Sex: M

SETMA's Lipid Philosophy

Compliance

Last Lipid: //
Last CRP: //
Last Liver Panel: //

Height: // inches
Weight: // pounds
BMI: //
Body Fat: // %
BMR: // cal/day
Protein Req: // grams/day
Waist: // inches

Blood Pressure: // / // mmHg
Diabetes Mellitus: + - •
Metabolic Syndrome: + - •

Fredrickson Classification
Assess from Labs
• I • IIa • IIb
• III • IV • V
Help [Info]

Last Updated/Reviewed: 12/01/2009

Most Recent Labs Goals

Check for New Labs

Cholesterol	//	//
HDL	//	//
HDL 2		
HDL 3		
Cholesterol/HDL		
Triglycerides	//	//
Trig/HDL		
Chylomicrons + -		
CPK	//	//
Lp(a)		
LDL	//	//
IDL		
VLDL		
LDL-Remnant		
<input type="checkbox"/> Pattern A		
<input type="checkbox"/> Pattern B		
<input type="checkbox"/> Pattern A/B		
Homocystiene	//	//
hsCRP	//	//
Apo A1		
Apo B		
Apo E2		
Apo E4		

Info

Risk Factors

Coronary Heart Disease
 MI (Heart Attack)
 Angina
 CABG

Non-Coronary Atherosclerosis
 Peripheral Artery Disease
 Cerebrovascular Disease
 Aortic Aneurysm

[Fram. CVD 10-Year Risk](#) // %
[Fram. Stroke 10-Year Risk](#) 0
[Global Cardio Risk](#) .0

Male Age > 45
 Female Age > 55
 Hypertension > 140/90
 Blood Pressure Medications
 Smoking

HDL
 Male < 40
 Female < 50

FHx Premature HD
 Male First Degree < 55
 Female First Degree < 65

Assessment Update

Measures should be taken to lower LDL to below 70.

Last Updated/Reviewed: //

Navigation

Return

- Lipids System Review
- Extremity Exam
- Eye Exam
- Cardio Exam
- Lifestyle Changes
- Lipids Plan

Lipoprotein Metabolism

- Summary of Lipid Studies
- Lipoproteins
- Significance
- Composition
- Classification
- Hyperlipoproteinemias
- Hypolipoproteinemias
- VLDLs
- IDLs
- LDLs
- HDLs
- LDL Receptors
- Chylomicrons
- Chylomicrons and Triglycerides

Secondary Causes of Abnormal Lipids

- Hypercholesterolemia
- Hypocholesterolemia
- Low HDL
- Hypertriglyceridemia

Labs Over Time

Lipids Labs Over Time

Lipids Master

Goals < 120 > 50 > 10 > 30 < 90 < 10.0 < 70 < 20 < 30 < 30 < 10.4 < 1.0 100-205 55-140

Encounter Date:Time	Cholesterol	HDL	HDL2	HDL3	Chol/HDL	TG	Lp(a)	LDL	IDL	VLDL	LDL-R	Homocystiene	HsCRP	ApoA1	ApoB	ApoE2	ApoE4

Note: The **Menu Bar's File/Graph** function allows you to display any lab value in graph form. For information on using this function go to SETMA's Intranet and see the Tutorial on "[How to Navigate within NextGen.](#)"

Column 3 --

Risk Factors – these, along with Diabetes and the Metabolic Syndrome, which are documented in column 1, identify the factors which increase the patient's risk of cardiovascular disease and consequently increases the need to control the patient's lipids aggressively. They are:

Note: If the **Cardiac Hx** data is properly filled out on the **History** template, this data will automatically populate. For details go to [SETMA's Intranet](#) and review the [Master GP Tutorial](#) with particular attention to the **History Template**.

- Coronary Heart Disease
- MI (Heart Disease)
- Angina
- CABG
- Non-Coronary Atherosclerosis
 - 0. Peripheral Vascular Disease
 - 0. Cerebrovascular Disease
 - 0. Aortic Aneurysm

Lipids Management Patient: RichmondPROJ | Ztest

Age: 35 | Sex: M

SETMA's Lipid Philosophy

Compliance

Last Lipid: //
 Last CRP: //
 Last Liver Panel: //

Height: // inches
 Weight: // pounds
 BMI: //
 Body Fat: // %
 BMR: // cal/day
 Protein Req: // grams/day
 Waist: // inches

Blood Pressure: // / // mmHg
 // / // mmHg
 // / // mmHg

Diabetes Mellitus: + -
 Metabolic Syndrome: + -

Fredrickson Classification

Assess from Labs

I IIa IIb
 III IV V

Help Info

Last Updated/Reviewed: 12/01/2009

Most Recent Labs Goals

Check for New Labs

Cholesterol: //
 HDL: //
 HDL 2: //
 HDL 3: //
 Cholesterol/HDL: //
 Triglycerides: //
 Trig/HDL: //
 Chylomicrons: + -
 CPK: //
 Lp(a): //
 LDL: //
 IDL: //
 VLDL: //
 LDL-Remnant: //

Pattern A
 Pattern B Info
 Pattern A/B

Homocystiene: //
 hsCRP: //
 Apo A1: //
 Apo B: //
 Apo E2: //
 Apo E4: //

Labs Over Time

Risk Factors

Coronary Heart Disease
 MI (Heart Attack)
 Angina
 CABG

Non-Coronary Atherosclerosis

Peripheral Artery Disease
 Cerebrovascular Disease
 Aortic Aneurysm

Fram. CVD 10-Year Risk: // %
 Fram. Stroke 10-Year Risk: 0
 Global Cardio Risk: .0

Male Age > 45
 Female Age > 55
 Hypertension > 140/90
 Blood Pressure Medications
 Smoking

HDL

Male < 40
 Female < 50

FHx Premature HD

Male First Degree < 55
 Female First Degree < 65

Assessment Update

Measures should be taken to lower LDL to below 70.

Last Updated/Reviewed: //

Navigation

Return

Lipids System Review
 Extremity Exam
 Eye Exam
 Cardio Exam
 Lifestyle Changes
 Lipids Plan

Lipoprotein Metabolism

Summary of Lipid Studies

Lipoproteins
 Significance
 Composition
 Classification
 Hyperlipoproteinemias
 Hypolipoproteinemias
 VLDLs
 IDLs
 LDLs
 HDLs
 LDL Receptors
 Chylomicrons
 Chylomicrons and Triglycerides

Secondary Causes of Abnormal Lipids

Hypercholesterolemia
 Hypocholesterolemia
 Low HDL
 Hypertriglyceridemia

Beneath these Risk Factors are three links which evaluates the cumulative risk of a number of risk factors based on the Framingham Data:

- Framingham 10-Year CVD Risk

Lipids Management Patient: RichmondPROJ Ztest
 Age: 35 Sex: M
 SETMA's Lipid Philosophy

Compliance
 Last Lipid: //
 Last CRP: //
 Last Liver Panel: //
 Height: // inches
 Weight: // pounds
 BMI: //
 Body Fat: // %
 BMR: // cal/day
 Protein Req: // grams/day
 Waist: // inches
 Blood Pressure: // / // mmHg
 Diabetes Mellitus: + -
 Metabolic Syndrome: + -
Fredrickson Classification
 Assess from Labs
 I IIa IIb
 III IV V
 Help Info
 Last Updated/Reviewed: 12/01/2009

Most Recent Labs Goals
 Check for New Labs
 Cholesterol: //
 HDL: //
 HDL 2: //
 HDL 3: //
 Cholesterol/HDL: //
 Triglycerides: //
 Trig/HDL: //
 Chylomicrons: + -
 CPK: //
 Lp(a): //
 LDL: //
 IDL: //
 VLDL: //
 LDL-Remnant: //
 Pattern A
 Pattern B Info
 Pattern A/B
 Homocystiene: //
 hsCRP: //
 Apo A1: //
 Apo B: //
 Apo E2: //
 Apo E4: //
 Labs Over Time: //

Risk Factors
 Coronary Heart Disease
 MI (Heart Attack)
 Angina
 CABG
 Non-Coronary Atherosclerosis
 Peripheral Artery Disease
 Cerebrovascular Disease
 Aortic Aneurysm
 Fram. CVD 10-Year Risk: // %
 Fram. Stroke 10-Year Risk: 0
 Global Cardio Risk: .0
 Male Age > 45
 Female Age > 55
 Hypertension > 140/90
 Blood Pressure Medications
 Smoking
 HDL
 Male < 40
 Female < 50
 FHx Premature HD
 Male First Degree < 55
 Female First Degree < 65
Assessment Update
Measures should be taken to lower LDL to below 70.
 Last Updated/Reviewed: //

Navigation
 Return
 Lipids System Review
 Extremity Exam
 Eye Exam
 Cardio Exam
 Lifestyle Changes
 Lipids Plan

Lipoprotein Metabolism
 Summary of Lipid Studies
 Lipoproteins
 Significance
 Composition
 Classification
 Hyperlipoproteinemias
 Hypolipoproteinemias
 VLDLs
 IDLs
 LDLs
 HDLs
 LDL Receptors
 Chylomicrons
 Chylomicrons and Triglycerides

Secondary Causes of Abnormal Lipids
 Hypercholesterolemia
 Hypocholesterolemia
 Low HDL
 Hypertriglyceridemia

- Framingham 10-year Stroke Risk

Lipids Management Patient: RichmondPROI Ztest
 Age: 35 Sex: M

SETMA's Lipid Philosophy

Compliance

Last Lipid: //
 Last CRP: //
 Last Liver Panel: //

Height: // inches
 Weight: // pounds
 BMI: //
 Body Fat: // %
 BMR: // cal/day
 Protein Req: // grams/day
 Waist: // inches

Blood Pressure: // / // mmHg
 // / // mmHg
 // / // mmHg

Diabetes Mellitus: + -
 Metabolic Syndrome: + -

Fredrickson Classification

Assess from Labs
 I IIa IIb
 III IV V
 Help Info

Last Updated/Reviewed: 12/01/2009

Most Recent Labs Goals

Check for New Labs

Cholesterol: //
 HDL: //
 HDL 2: //
 HDL 3: //
 Cholesterol/HDL: //
 Triglycerides: //
 Trig/HDL: //
 Chylomicrons: + // - //
 CPK: //
 Lp(a): //
 LDL: //
 IDL: //
 VLDL: //
 LDL-Remnant: //

Pattern A
 Pattern B Info
 Pattern A/B

Homocystiene: //
 hsCRP: //
 Apo A1: //
 Apo B: //
 Apo E2: //
 Apo E4: //

Labs Over Time

Risk Factors

Coronary Heart Disease
 MI (Heart Attack)
 Angina
 CABG

Non-Coronary Atherosclerosis
 Peripheral Artery Disease
 Cerebrovascular Disease
 Aortic Aneurysm

Fram. CVD 10-Year Risk: // %
 Fram. Stroke 10-Year Risk: 0
 Global Cardio Risk: .0

Male Age > 45
 Female Age > 55
 Hypertension > 140/90
 Blood Pressure Medications
 Smoking

HDL
 Male < 40
 Female < 50

FHx Premature HD
 Male First Degree < 55
 Female First Degree < 65

Assessment Update
 Measures should be taken to lower LDL to below 70.
 Last Updated/Reviewed: //

Navigation

Return
 Lipids System Review
 Extremity Exam
 Eye Exam
 Cardio Exam
 Lifestyle Changes
 Lipids Plan

Lipoprotein Metabolism

Summary of Lipid Studies
 Lipoproteins
 Significance
 Composition
 Classification
 Hyperlipoproteinemias
 Hypolipoproteinemias
 VLDLs
 IDLs
 LDLs
 HDLs
 LDL Receptors
 Chylomicrons
 Chylomicrons and Triglycerides

Secondary Causes of Abnormal Lipids

Hypercholesterolemia
 Hypocholesterolemia
 Low HDL
 Hypertriglyceridemia

NOTE: Both of the above hyperlinks will access the "Framingham Cardiovascular Risk Assessment" template.

Framingham Cardiovascular Risk Assessment

Last Updated/Reviewed

Date of Birth Sex

Stroke Risk Factor Prediction

The Stroke Risk Factor Prediction is for male and female patients between the ages of 54 and 86 with SBP ranges Male: 95-213, Female: 95-204

Coronary Heart Disease Risk Factor Prediction

The CHD Risk Factor Prediction is for patients between the ages of 20 and 80. The algorithm assesses the patient's 10 Year CHD risk based on age, systolic blood pressure, HDL cholesterol, total cholesterol, Diabetes, smoking, and LVH.

Age	<input type="text" value="35"/>	Pts.	<input type="text" value="0"/>	<input type="button" value="Import from Physical Exam"/>	Age	<input type="text" value="35"/>	Pts.	<input type="text" value="-4"/>
SBP	<input type="text"/>	Pts.	<input type="text"/>		SBP	<input type="text"/>	Pts.	<input type="text"/>
HYP RX	<input type="text"/>	Pts.	<input type="text"/>		<input type="checkbox"/> treated <input type="checkbox"/> untreated			
Diabetes	<input type="text"/>	Pts.	<input type="text"/>		HDL - C:	<input type="text"/>	Pts.	<input type="text"/>
CIGS	<input type="text"/>	Pts.	<input type="text"/>		Total - C:	<input type="text"/>	Pts.	<input type="text"/>
CVD	<input type="text"/>	Pts.	<input type="text"/>	<input type="button" value="Global Cardio Risk"/>	Diabetes	<input type="text"/>	Pts.	<input type="text"/>
AF	<input type="text"/>	Pts.	<input type="text"/>	<input type="text" value=".0"/> points	CIGS	<input type="text"/>	Pts.	<input type="text"/>
LVH	<input type="text"/>	Pts.	<input type="text"/>		LVH	<input type="text"/>	Pts.	<input type="text"/>
	<input type="button" value="Calc. 10 Yr. Risk"/>					<input type="button" value="Calc. Risk"/>		
Point Total	<input type="text" value="0"/>				Point Total	<input type="text"/>		
	<input type="text" value="0"/>	Percent			10 Year Risk	<input type="text"/>	Percent	
Avg. 10 Yr. Prob. by Age	<input type="text" value="0"/>	Percent		Interpretation	<input type="text"/>			

Key For Symbols

SBP - Systolic blood Pressure	AF - History of atrial fibrillation
HYP RX - Under anti-hypertensive therapy	LVH - Left ventricular hypertrophy on ECG
Diabetes - History of diabetes	HDL-C = HDL-Cholesterol
CIGS - Smokes cigarettes	Total - C = Total Cholesterol
CVD - History of myocardial infarction, angina pectoris, coronary insufficiency, intermittent claudication or congestive heart failure	

- **Global Cardio Risk** – this is a new calculation which is based on the Framingham Data but which only addresses the five modifiable risk factors. A score above 4 indicates an increased cardiovascular risk burden. The five modifiable risk factors are:
 - 0. Cholesterol
 - 0. HDL
 - 0. Hgb A1C
 - 0. Systolic Blood Pressure
 - 0. Smoking

Lipids Management

SETMA's Lipid Philosophy

Patient RichmondPROJ Ztest

Age 35 **Sex** M

Navigation

Return

Lipids System Review

Extremity Exam

Eye Exam

Cardio Exam

Lifestyle Changes

Lipids Plan

Compliance

Last Lipid //

Last CRP //

Last Liver Panel //

Height // inches

Weight // pounds

BMI //

Body Fat // %

BMR // cal/day

Protein Req // grams/day

Waist // inches

Blood Pressure

// / // mmHg

// / // mmHg

// / // mmHg

Diabetes Mellitus + -

Metabolic Syndrome + -

Fredrickson Classification

Assess from Labs

I IIa IIb

III IV V

Help Info

Last Updated/Reviewed

12/01/2009

Most Recent Labs Goals

Check for New Labs

Cholesterol //

HDL //

HDL 2 //

HDL 3 //

Cholesterol/HDL //

Triglycerides //

Trig/HDL //

Chylomicrons + //

CPK //

Lp(a) //

LDL //

IDL //

VLDL //

LDL-Remnant //

Pattern A

Pattern B Info

Pattern A,B

Homocystiene //

hsCRP //

Apo A1 //

Apo B //

Apo E2 //

Apo E4 //

Labs Over Time

Risk Factors

Coronary Heart Disease

MI (Heart Attack)

Angina

CABG

Non-Coronary Atherosclerosis

Peripheral Artery Disease

Cerebrovascular Disease

Aortic Aneurysm

Fram. CVD 10-Year Risk // %

Fram. Stroke 10-Year Risk 0

Global Cardio Risk .0

Male Age > 45

Female Age > 55

Hypertension > 140/90

Blood Pressure Medications

Smoking

HDL

Male < 40

Female < 50

FHx Premature HD

Male First Degree < 55

Female First Degree < 65

Assessment Update

Measures should be taken to lower LDL to below 70.

Last Updated/Reviewed

//

Lipoprotein Metabolism

Summary of Lipid Studies

Lipoproteins

Significance

Composition

Classification

Hyperlipoproteinemias

Hypolipoproteinemias

VLDLs

IDLs

LDLs

HDLs

LDL Receptors

Chylomicrons

Chylomicrons and Triglycerides

Secondary Causes of Abnormal Lipids

Hypercholesterolemia

Hypocholesterolemia

Low HDL

Hypertriglyceridemia

Cardio Globalrisk

Global Cardiovascular Risk Score

Last Updated/Reviewed

Enter each of the five parameters below and click "Calculate."
You may click "Import" to pull the values in from the physical exam.

Cholesterol

HDL

HgbA1C

Systolic BP

Packs Per Day

points

A Global Cardiovascular Risk Score below 4 is desirable. Above 4, the patient is at increased risk of a cardiovascular event.

Complete Formula

$$\frac{\text{Cholesterol}}{\text{HDL}} + (\text{HgbA1C} - 7.0) + \frac{\text{Systolic BP} - 130}{10} + \text{Packs Per Day}$$

Following the links to these three calculated cumulative risk scores are additional risk factors for cardiovascular disease:

- **Male age over 55**
- **Female age over 65**
- **Hypertension (blood pressure over 140/90)** – while a blood pressure of 140/90 is used as a “cut off” for assessing a patient with dyslipidemia as being hypertensive, this is NOT the treatment goal for high risk patients. A blood pressure of 110/70 ought to be the goal for all patients with cardiovascular disease and with cardiovascular disease equivalents such as diabetes.
- **Blood Pressure Medication** – not only is the blood pressure over 140/90 a risk factor, but also treatment with blood pressure medication represents an additional risk factor which increases the necessity for aggressively treating lipids.
- **Smoking** -- for smoking cessation initiatives see tutorial on Smoking Cessation in the [LESS Initiative](#) tutorial.
- **HDL**
 - 0. Male <40
 - 0. Female <50

- **FHx Premature Heart Disease** – family history of premature heart disease
 - 0. Male <55
 - 0. Female <65

Lipids Management

Patient: RichmondPROT Ztest
Age: 35 Sex: M

Compliance: Last Lipid, Last CRP, Last Liver Panel, Height, Weight, BMI, Body Fat, BMR, Protein Req, Waist, Blood Pressure, Diabetes Mellitus, Metabolic Syndrome, Fredrickson Classification.

Most Recent Labs: Cholesterol, HDL, HDL 2, HDL 3, Cholesterol/HDL, Triglycerides, Trig/HDL, Chylomicrons, CPK, Lp(a), LDL, IDL, VLDL, LDL-Remnant, Homocystiene, hsCRP, Apo A1, Apo B, Apo E2, Apo E4.

Risk Factors: Coronary Heart Disease, MI (Heart Attack), Angina, CABG, Non-Coronary Atherosclerosis, Fram. CVD 10-Year Risk, Fram. Stroke 10-Year Risk, Global Cardio Risk.

Assessment: Update button. Strong measures should be taken to lower LDL to below 70.

Navigation: Return, Lipids System Review, Extremity Exam, Eye Exam, Cardio Exam, Lifestyle Changes, Lipids Plan.

Lipoprotein Metabolism: Summary of Lipid Studies, Lipoproteins, Significance, Composition, Classification, Hyperlipoproteinemias, Hypolipoproteinemias, VLDLs, IDLs, LDLs, HDLs, LDL Receptors, Chylomicrons, Chylomicrons and Triglycerides.

Secondary Causes of Abnormal Lipids: Hypercholesterolemia, Hypocholesterolemia, Low HDL, Hypertriglyceridemia.

- **Assessment** – when the button next to **Assessment**, which is entitled “**Update**” is depressed, a conclusion will appear as to how aggressively the patient’s lipids should be treated.

Lipids Management Patient: RichmondPROT Ztest
 Age: 35 Sex: M
 SETMA's Lipid Philosophy

Compliance
 Last Lipid: //
 Last CRP: //
 Last Liver Panel: //
 Height: // inches
 Weight: // pounds
 BMI: //
 Body Fat: // %
 BMR: // cal/day
 Protein Req: // grams/day
 Waist: // inches
 Blood Pressure: // / // mmHg
 // / // mmHg
 // / // mmHg
 Diabetes Mellitus: + -
 Metabolic Syndrome: + -

Most Recent Labs Goals
 Check for New Labs
 Cholesterol: //
 HDL: //
 HDL 2: //
 HDL 3: //
 Cholesterol/HDL: //
 Triglycerides: //
 Trig/HDL: //
 Chylomicrons: + // - //
 CPK: //
 Lp(a): //
 LDL: //
 IDL: //
 VLDL: //
 LDL-Remnant: //
 Pattern A
 Pattern B Info
 Pattern A/B
 Homocystiene: //
 hsCRP: //
 Apo A1: //
 Apo B: //
 Apo E2: //
 Apo E4: //
 Last Updated/Reviewed: 12/01/2009
 Labs Over Time: //

Risk Factors
 Coronary Heart Disease
 MI (Heart Attack)
 Angina
 CABG
 Non-Coronary Atherosclerosis
 Peripheral Artery Disease
 Cerebrovascular Disease
 Aortic Aneurysm
 Fram_CVD 10-Year Risk: // %
 Fram_Stroke 10-Year Risk: 0
 Global Cardio Risk: .0
 Male Age > 45
 Female Age > 55
 Hypertension > 140/90
 Blood Pressure Medications
 Smoking
 HDL
 Male < 40
 Female < 50
 FHx Premature HD
 Male First Degree < 55
 Female First Degree < 65
 Assessment Update
 Strong measures should be taken to lower LDL to below 70.
 Last Updated/Reviewed: //

Navigation
 Return
 Lipids System Review
 Extremity Exam
 Eye Exam
 Cardio Exam
 Lifestyle Changes
 Lipids Plan

Lipoprotein Metabolism
 Summary of Lipid Studies
 Lipoproteins
 Significance
 Composition
 Classification
 Hyperlipoproteinemias
 Hypolipoproteinemias
 VLDLs
 IDLs
 LDLs
 HDLs
 LDL Receptors
 Chylomicrons
 Chylomicrons and Triglycerides

Secondary Causes of Abnormal Lipids
 Hypercholesterolemia
 Hypocholesterolemia
 Low HDL
 Hypertriglyceridemia

Assessment Update
 Strong measures should be taken to lower LDL to below 70.

Column 4 –

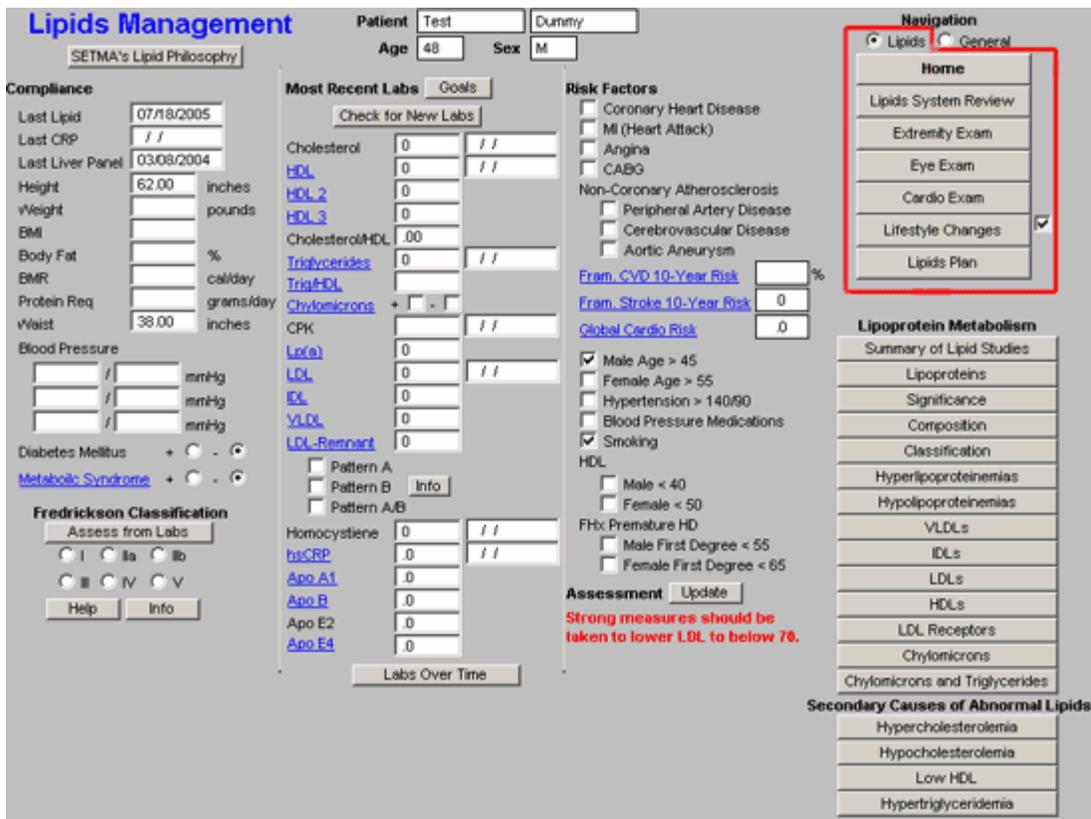
This column has two sections organized from top to bottom.

Top Section of Column 4

– Navigation Buttons

There are two check boxes at the top of this list of Navigation Buttons. When the left check box entitled **Lipids** is activated, there will be a list of navigation buttons which take you through the lipid templates. They are:

- **Home** – this takes you back to AAA Home
- **Lipids Review of Systems** – this is a focused review of systems which is relevant to the treatment of Lipids. All of the fields in this Review of Systems interact with the Master GP Review of Systems.
- **Extremity Exam** – for details of this template see the tutorial for Master GPExtremity Exam
- Eye Examination
- Cardio Exam
- Lifestyle changes
- Lipid Plan



For details on the **Lipid Lifestyle Changes** and **Lipid Plan** see below.

When the box next to **General** is activated, there will be a list of navigation buttons which take you through **the Master GP** Templates which are associated with Lipid Management. They are:

- Home
- Chief/chronic
- Histories
- Review of System
- Physical Exam

For how to use these templates see [Master GP Suite of Templates tutorial](#) under the name of each of these templates.

By switching back and forth from the **Lipids** and **General** set of templates, it is possible to complete an entire visit which is focused only on Lipids – a rare circumstance – from the Lipid Suite of templates.

Column 4 Section 2 –

The second section of column 4 of the Master Lipids Template is comprised of **Educational materials on Lipids**. The following will be found there:

Lipoprotein Metabolism

- **Summary of Lipid Studies** -- "Lessons Learned from Recent Lipid-Lowering Trials: Why Physicians Should Change Clinical Practices." This is a summary of the six major lipid studies and what we have learned from them.
- Lipoproteins
- **Significance** – This launches and prints a document entitled, “Clinical Significances of Lipoprotein Metabolism.”
- Composition
- Classification
- Hyperlipoproteinemias
- Hypolipoproteinemias
- **VLDLs** – This launches and prints a brief discussion of the origins and significance of Very

Low Density Lipoproteins.

- **IDLs** -- This launches and prints a brief discussion of the origins and significance of **Intermediate Density Lipoproteins**.
- **LDLs** – This launches and prints a brief discussion of the origins and significance of **Low Density Lipoproteins**.
- **HDLs** – This launches and prints a brief discussion of the origins and significance of **High Density Lipoproteins**.
- LDL Receptors
- **Chylomicrons** -- This launches and prints an article entitled, “Exogenous Lipid Transport Pathway: Chylomicrons,” which answers questions about the origin and significance of chylomicrons.
- **Chylomicrons and Triglycerides** – this document discusses the difference between chylomicrons and triglycerides.

Lipids Management

Compliance

Last Lipid: //

Last CRP: //

Last Liver Panel: //

Height: // inches

Weight: // pounds

BMI: //

Body Fat: // %

BMR: // cal/day

Protein Req: // grams/day

Waist: // inches

Blood Pressure: // / // mmHg

Diabetes Mellitus: + -

Metabolic Syndrome: + -

Fredrickson Classification

Assess from Labs

I IIa IIb

III IV V

Help Info

Last Updated/Reviewed: 12/01/2009

Most Recent Labs Goals

Check for New Labs

Cholesterol: //

HDL: //

HDL 2: //

HDL 3: //

Cholesterol/HDL: //

Triglycerides: //

Trig/HDL: //

Chylomicrons: + -

CPK: //

Lp(a): //

LDL: //

IDL: //

VLDL: //

LDL-Remnant: //

Pattern A

Pattern B

Pattern A/B

Info

Homocystiene: //

hsCRP: //

Apo A1: //

Apo B: //

Apo E2: //

Apo E4: //

Labs Over Time

Risk Factors

Coronary Heart Disease

MI (Heart Attack)

Angina

CABG

Non-Coronary Atherosclerosis

Peripheral Artery Disease

Cerebrovascular Disease

Aortic Aneurysm

Fram_CVD 10-Year Risk: // %

Fram_Stroke 10-Year Risk: 0

Global Cardio Risk: .0

Male Age > 45

Female Age > 55

Hypertension > 140/90

Blood Pressure Medications

Smoking

HDL

Male < 40

Female < 50

FHx Premature HD

Male First Degree < 55

Female First Degree < 65

Assessment Update

Strong measures should be taken to lower LDL to below 70.

Last Updated/Reviewed: //

Navigation

Return

Lipids System Review

Extremity Exam

Eye Exam

Cardio Exam

Lifestyle Changes

Lipids Plan

Lipoprotein Metabolism

Summary of Lipid Studies

Lipoproteins

Significance

Composition

Classification

Hyperlipoproteinemias

Hypolipoproteinemias

VLDLs

IDLs

LDLs

HDLs

LDL Receptors

Chylomicrons

Chylomicrons and Triglycerides

Secondary Causes of Abnormal Lipids

Hypercholesterolemia

Hypocholesterolemia

Low HDL

Hypertriglyceridemia

Secondary Cause of Abnormal Lipids – these documents list the conditions which contribute to abnormalities of these four lipid abnormalities.

- Hypercholesterolemia
- Hypocholesterolemia
- Low HDL

- Hypertiglyceridemia

Lipids Management Patient: RichmondPROI Ztest Age: 35 Sex: M

SETMA's Lipid Philosophy

Compliance

Last Lipid: //
 Last CRP: //
 Last Liver Panel: //

Height: // inches
 Weight: // pounds
 BMI: //
 Body Fat: // %
 BMR: // cal/day
 Protein Req: // grams/day
 Waist: // inches

Blood Pressure: // / // mmHg
 // / // mmHg
 // / // mmHg

Diabetes Mellitus: + -
 Metabolic Syndrome: + -

Fredrickson Classification

Assess from Labs
 I IIa IIb
 III IV V

Help Info

Last Updated/Reviewed: 12/01/2009

Most Recent Labs Goals

Check for New Labs

Cholesterol: //
 HDL: //
 HDL₂: //
 HDL₃: //
 Cholesterol/HDL: //
 Triglycerides: //
 Trig/HDL: //
 Chylomicrons: + // - //
 CPK: //
 Lp(a): //
 LDL: //
 IDL: //
 VLDL: //
 LDL-Remnant: //

Pattern A
 Pattern B
 Pattern A/B

Homocystiene: //
 hsCRP: //
 Apo A1: //
 Apo B: //
 Apo E2: //
 Apo E4: //

Labs Over Time

Risk Factors

Coronary Heart Disease
 MI (Heart Attack)
 Angina
 CABG

Non-Coronary Atherosclerosis
 Peripheral Artery Disease
 Cerebrovascular Disease
 Aortic Aneurysm

Fram. CVD 10-Year Risk: // %
 Fram. Stroke 10-Year Risk: 0
 Global Cardio Risk: .0

Male Age > 45
 Female Age > 55
 Hypertension > 140/90
 Blood Pressure Medications
 Smoking

HDL
 Male < 40
 Female < 50

FHx Premature HD
 Male First Degree < 55
 Female First Degree < 65

Assessment Update
Strong measures should be taken to lower LDL to below 70.

Last Updated/Reviewed: //

Navigation

Return

Lipids System Review
 Extremity Exam
 Eye Exam
 Cardio Exam
 Lifestyle Changes
 Lipids Plan

Lipoprotein Metabolism

Summary of Lipid Studies
 Lipoproteins
 Significance
 Composition
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 Hyperlipoproteinemias
 Hypolipoproteinemias
 VLDLs
 IDLs
 LDLs
 HDLs
 LDL Receptors
 Chylomicrons
 Chylomicrons and Triglycerides

Secondary Causes of Abnormal Lipids

Hypercholesterolemia
 Hypocholesterolemia
 Low HDL
 Hypertriglyceridemia

Lipids Lifestyle Changes Template

Without doubt, the first and most critical issue in lipid management is lifestyle modification. This template organizes the approach to those changes which will benefit lipid management.

Lipids Management

SETMA's Lipid Philosophy

Patient: RichmondPROT Ztest
 Age: 35 Sex: M

Compliance

Last Lipid: //
 Last CRP: //
 Last Liver Panel: //

Height: // inches
 Weight: // pounds
 BMI: //
 Body Fat: // %
 BMR: // cal/day
 Protein Req: // grams/day
 Waist: // inches

Blood Pressure: // / // mmHg
 // / // mmHg
 // / // mmHg

Diabetes Mellitus: + -

Metabolic Syndrome: + -

Fredrickson Classification

Assess from Labs

I IIa IIb
 III IV V

Help Info

Last Updated/Reviewed: 12/01/2009

Most Recent Labs

Goals

Check for New Labs

Cholesterol	//	//
HDL		//
HDL 2		
HDL 3		
Cholesterol/HDL		
Triglycerides		//
Trig/HDL		
Chylomicrons + <input type="checkbox"/> - <input type="checkbox"/>		
CPK		//
Lp(a)		
LDL		//
IDL		
VLDL		
LDL-Remnant		
<input type="checkbox"/> Pattern A		
<input type="checkbox"/> Pattern B		
<input type="checkbox"/> Pattern A/B		
Homocystiene		//
hsCRP		//
Apo A1		
Apo B		
Apo E2		
Apo E4		

Info

Labs Over Time

Risk Factors

Coronary Heart Disease
 MI (Heart Attack)
 Angina
 CABG

Non-Coronary Atherosclerosis
 Peripheral Artery Disease
 Cerebrovascular Disease
 Aortic Aneurysm

[Fram. CVD 10-Year Risk](#) // %
[Fram. Stroke 10-Year Risk](#) 0
[Global Cardio Risk](#) .0

Male Age > 45
 Female Age > 55
 Hypertension > 140/90
 Blood Pressure Medications
 Smoking

HDL
 Male < 40
 Female < 50

FHx Premature HD
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 Female First Degree < 65

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Last Updated/Reviewed: //

Navigation

Return

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Extremity Exam

Eye Exam

Cardio Exam

Lifestyle Changes

Lipids Plan

Lipoprotein Metabolism

Summary of Lipid Studies

Lipoproteins

Significance

Composition

Classification

Hyperlipoproteinemias

Hypolipoproteinemias

VLDLs

IDLs

LDLs

HDLs

LDL Receptors

Chylomicrons

Chylomicrons and Triglycerides

Secondary Causes of Abnormal Lipids

Hypercholesterolemia

Hypocholesterolemia

Low HDL

Hypertriglyceridemia

This template is organized into three columns.

Lifestyle Changes

Recommended Actions

Diets

- [High Soluble Fiber](#)
- [Low Carbohydrate](#)
- [Low Cholesterol](#)
- [Low Fat](#)
- [Low Trans Fat](#)
- [No Sugar](#)
- [Weight Loss](#)
- [35 % Calories from Fat](#)

Weight Loss Initiative

BMR cal/day

- Exercise Prescription
- Recommend CPET
- Change Dietary Habits
- [Smoking Cessation](#)

Goals

Patient Information
(Automatically Prints)

- Alcohol and Lipids
- BMR -- Changing It
- Dining Out
- Dyslipidemia and Inactivity
- Exercise and Weight Loss
- Foods to Eat, Avoid
- Inactivity and Cholesterol
- Step I, II Diets and Fiber
- Step I, II Diets - Description
- Training Intensity and Lipids
- Transfats and LDL

Navigation

- [Lipids Master](#)
- [Lipids System Review](#)
- [Extremity Exam](#)
- [Eye Exam](#)
- [Cardio Exam](#)
- [Lipids Plan](#)

Creating an Electronic Tickler File

1. Open Microsoft Outlook by clicking on the e-mail button
2. Address the e-mail to your unit clerk, your nurse and yourself
3. Click on the "options" button at the top, right of the Microsoft Outlook tool bar
4. Find "delivery options" on the "options" pop-up
5. Click on "do not deliver before"
6. Select a date, preferably a Monday, one month hence
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8. Send your e-mail, its delivery will be delayed for one month, at which time it will appear on your unit clerk's, your nurse's and you own desktop.

The unit clerk will be responsible for calling the patient to see if they have quit smoking. If they have, congratulate them; if they haven't admonish them. If they fail to quit in two to three months, serious consideration should be given to removing them from the program.

Column 1 –

Recommended

Actions

Diets – each of the below provides a patient-information document on the type of diet named.

- High Soluble Fiber
- Low Carbohydrate
- Low Cholesterol
- Low Fat
- Low Trans Fat
- No Sugar
- Weight Loss
- 35% Calories from Fat

Lifestyle Changes

Goals

Recommended Actions

Diets

- [High Soluble Fiber](#)
- [Low Carbohydrate](#)
- [Low Cholesterol](#)
- [Low Fat](#)
- [Low Trans Fat](#)
- [No Sugar](#)
- [Weight Loss](#)
- [35 % Calories from Fat](#)

Weight Loss Initiative

BMR cal/day

- Exercise Prescription
- Recommend CPET
- Change Dietary Habits
- [Smoking Cessation](#)

Email

Patient Information (Automatically Prints)

Alcohol and Lipids

BMR -- Changing It

Dining Out

Dyslipidemia and Inactivity

Exercise and Weight Loss

Foods to Eat, Avoid

Inactivity and Cholesterol

Step I, II Diets and Fiber

Step I, II Diets - Description

Training Intensity and Lipids

Transfats and LDL

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Extremity Exam

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Lipids Plan

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Weight Loss Initiative – any initiative in treating lipid abnormalities must include weight reduction. Below are elements of weight management in any patient.

- **Exercise Prescription** – this is a link to the exercise prescription. A weight management effort without consistent structured exercise and/or life-style changes which result in increased activity WILL NOT be successful.

Lifestyle Changes

Goals

Recommended Actions

Diets

- [High Soluble Fiber](#)
- [Low Carbohydrate](#)
- [Low Cholesterol](#)
- [Low Fat](#)
- [Low Trans Fat](#)
- [No Sugar](#)
- [Weight Loss](#)
- [35 % Calories from Fat](#)

Weight Loss Initiative

BMR cal/day

- [Exercise Prescription](#)
- Recommend CPET
- Change Dietary Habits
- [Smoking Cessation](#)

Patient Information
(Automatically Prints)

Alcohol and Lipids
BMR -- Changing It
Dining Out
Dyslipidemia and Inactivity
Exercise and Weight Loss
Foods to Eat, Avoid
Inactivity and Cholesterol
Step I, II Diets and Fiber
Step I, II Diets - Description
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Extremity Exam
Eye Exam
Cardio Exam
Lipids Plan

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Red = Required Field

Exercise Assessment

Current Exercise Activity

Running/Walking/Jogging [Calories](#)

Distance in Miles

Minutes Exercised

Times per Week

Units per Session

Units per Week

Outdoor Cycling

Distance in Miles

Minutes Exercised

Aerobic Units

Swimming

Distance in Yards

Minutes Exercised

Aerobic Units

Tennis

Singles Doubles

Minutes Exercised

Aerobic Units

Rowing

Rate of 20 strokes per minute

Minutes Exercised

Aerobic Units

Golf

Walking and Carrying Bag

Holes Played

Aerobic Units

Exercise Prescription

- Running/Walking/Jogging
- Outdoor Cycling
- Swimming
- Tennis
- Rowing

Target Heart Rate

Resting Heart Rate

Max Heart Rate

Heart Rate Reserve

Target Heart Rate Range to bpm

Return

Print Exercise Rx

Help Information
(Automatically Prints)

A Healthy Woman

Any Exercise Better than None

BMR -- Changing It

BMR Information

Body, Mind, and Emotions

Exercise and Weight Loss

Fitness and Fat

Getting Started

Getting Started Part II

Getting Started Part III

Training for Health

Women and Heart Disease

Weekly Recommendations

Fitness Classification	Men	Women
Very Poor	less than 10	less than 8
Poor	10-20	8-15
Fair	21-31	16-26
Good	32-50	27-40
Excellent	51-74	41-64
Superior	75+	65+

- **Recommended CPET** – Cardiopulmonary Exercise Testing is a key element of prescribing a proper exercise program for any patient. CPET distinguishes between shortness of breath which is due to coronary artery disease, pulmonary disease and/or deconditioning. It should be a starting point for improving the overall health of any patient who is over 40.

Lifestyle Changes

[Goals](#)

Recommended Actions

Diets

- [High Soluble Fiber](#)
- [Low Carbohydrate](#)
- [Low Cholesterol](#)
- [Low Fat](#)
- [Low Trans Fat](#)
- [No Sugar](#)
- [Weight Loss](#)
- [35 % Calories from Fat](#)

Weight Loss Initiative

BMR cal/day

- Exercise Prescription
- Recommend CPET**
- Change Dietary Habits
- [Smoking Cessation](#)

[Email](#)

Patient Information
(Automatically Prints)

- [Alcohol and Lipids](#)
- [BMR -- Changing It](#)
- [Dining Out](#)
- [Dyslipidemia and Inactivity](#)
- [Exercise and Weight Loss](#)
- [Foods to Eat, Avoid](#)

[Transfats and LDL](#)

Navigation

- [Lipids Master](#)
- [Lipids System Review](#)
- [Extremity Exam](#)
- [Eye Exam](#)
- [Cardio Exam](#)
- [Lipids Plan](#)

CPET Referral [X]

Use the link on the right-hand side of the template to add a referral for CPET.

[OK](#)

Creating an Electronic Tickler File

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The unit clerk will be responsible for calling the patient to see if they have quit smoking. If they have, congratulate them; if they haven't admonish them. If they fail to quit in two to three months, serious consideration should be given to removing them from the program.

- **Change Dietary Habits** – this is a check box to document that you have discussed dietary changes with the patient. If the hyperlink is clicked, a template entitled "**What are Your Current Eating Habits?**" will be launched.

Lifestyle Changes

Recommended Actions

Diets

- [High Soluble Fiber](#)
- [Low Carbohydrate](#)
- [Low Cholesterol](#)
- [Low Fat](#)
- [Low Trans Fat](#)
- [No Sugar](#)
- [Weight Loss](#)
- [35% Calories from Fat](#)

Weight Loss Initiative

BMR cal/day

Exercise Prescription

Recommend CPET

Change Dietary Habits

[Smoking Cessation](#)

Patient Information
(Automatically Prints)

Alcohol and Lipids
BMR -- Changing it
Dining Out
Dyslipidemia and Inactivity
Exercise and Weight Loss
Foods to Eat, Avoid
Inactivity and Cholesterol
Step I, II Diets and Fiber
Step I, II Diets - Description
Training Intensity and Lipids
Transfats and LDL

Navigation

Lipids Master
Lipids System Review
Extremity Exam
Eye Exam
Cardio Exam
Lipids Plan

Double-Click to Add Referral

Cpet

Creating an Electronic Tickler File

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2. Address the e-mail to your unit clerk, your nurse and yourself
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NOTE: When this template is completed it will provide a risk score for the potential of inflammation in the body.

Quiz Cur Eating X

What are Your Current Eating Habits?

Rationale: Highly processed foods - those most commonly eaten - contain many pro-inflammatory substances. If you are not careful about what you eat, you likely consume large amounts of pro-inflammatory foods.

Eating Habits at Home

- Do you cook with corn, peanut, sunflower, safflower, or soy (as opposed to olive or grapeseed oil)?
- Do you eat prepackaged microwave meals that provide a full meal (as opposed to only frozen vegetables) more than once a week?
- Do you eat any foods packaged in boxes, such as ready-to-eat cereals, flavored rices, meat extenders, and other boxed foods more than once a week?
- When you eat at home, do you use bottled salad dressings that contain soy or safflower oil or partially hydrogenated fats (as opposed to olive oil)? Check the label.
- Do you eat pasta, bread, or pizza (one, some, or all three) daily?
- Do you eat baked goods such as cookies, coffee cakes, other cakes, doughnuts, packaged brownies, cakes, or similar food products at least once a week?
- Do you use margarine instead of butter?
- Do you eat a lot of hamburgers?
- Do you dislike eating fish?
- Do you drink regular (sweetened) soft drinks or add sugar to your coffee or tea?

Eating Habits at Restaurants

- Do you eat at fast-food restaurants such as McDonald's, Burger King, KFC, Taco Bell, or others at least once a week?
- Do you eat at a Chinese restaurant more than once a week?
- Do you eat breaded and fried fish or deep-fried shrimp more than once every week or two?
- Do you eat french fries?
- Do you eat mostly beef?
- If you eat beef, is hamburger your favorite type?
- Do you order soft drinks when you eat out?

Total

points

OK Cancel

- **Smoking Cessation** – lipid management without smoking cessation will not significantly improve a patient’s cardiovascular risk profile.

Red = Required Field

Smoking Cessation

Last Chest X-Ray

Patient currently smokes? Yes No
 Check here if patient has quit!!

Pipe? Yes No
 Smokeless Tobacco? Yes No
 Date stopped smoking?
 Packs per day? Years?

Patient exposed to second hand smoke at home or work? Yes No
 Has the patient committed to quit? Yes No
 On what date did they commit?
 What is the goal stop date?

Ask At every visit, ask all patients about tobacco use, and document their response.
 Patients who have never used tobacco or who stopped using it years ago do not need repeated assessments.

Advise Let patients know, in a clear, strong, and personalized manner, that you urge them to quit.
Men who smoke cut their lives short by 13.2 years
Women smokers lose 14.5 years of life

Assess Find out whether patients are willing to quit now or at least within the next 30 days.

Assist Help patients plan to quit by...
 setting a date anticipating challenges such as [nicotine withdrawal symptoms](#)
 reviewing past attempts to quit providing practical counseling urging total abstinence
 Prescribe pharmacotherapy.
 Provide educational materials on smoking cessation.

Arrange Follow-Up Smokers trying to quit are at high risk of relapse, particularly during the first 2 weeks after the quit date. Follow up in person or by telephone during this time.

[Email Tickler File](#) Scheduled Date?

Information
[General Information](#)
[Process of Quitting Smoking](#)
[Second Hand Smoke](#)

0. **E-Mail** – this button launches a preprogrammed e-mail which provides follow-up instructions for a patient who is attempting to stop smoking.
0. **Creating an Electronic Tickler File** – this gives instructions of how to create an electronic tickler file.

Column 2 –

Goals – this button launches a pop-up with the following information:

Lifestyle Changes

Recommended Actions

Diets

Dm Lipids Lcgoal

Weight

Exer

Recc

Char

Smo

Creating an Elect

1. Open Microsoft C
2. Address the e-m
3. Click on the "opti
4. Find "delivery opt
5. Click on "do not c
6. Select a date, pr
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Recommended Lifestyle Changes

Whether treating, lipid abnormalities, diabetes mellitus, insulin resistance, obesity, hypertension or a full blown metabolic syndrome, lifestyle changes are imperative for successful results and for long-term health benefits. These changes include:

Dietary

Typically this is interpreted as meaning dieting but it is far more than that. Calorie moderation is important but the type of foods eaten are as important as the total daily calorie count. A diet high in soluble fiber and fruits, vegetables and whole foods, and a diet low in processed foods with preservatives, trans fats, added salt and sugar, will contribute significantly to the improvement in all of these conditions.

Exercise

Including strengthening, balance, stretching and aerobic condition are imperative for the treatment of lipids. Nothing will raise the HDL as high or as effectively as consistent, vigorous aerobic conditioning. Weight reduction and the elimination of excessive abdominal fat is an important aspect of exercise but cardiopulmonary conditioning is the critical aspect. Increasing the hearts ability to utilize oxygen is the gold-standard goal.

Smoking Cessation

If a person continues to smoke, all of the medications, antioxidants, diets and exercise will not counteract the negative health consequences of smoking.

The principle reason for treating lipid abnormalities is to prevent atherosclerotic cardiovascular disease. Without significant life-style modifications, a patient can lower the lipids but will not achieving the maximally desired health benefits and goals. With lifestyle changes, permanent benefit in health, longevity and well being can be achieved and maintained.

Navigation

Whether treating, lipid abnormalities, diabetes mellitus, insulin resistance, obesity, hypertension or a full blown metabolic syndrome, lifestyle changes are imperative for successful results and for long-term health benefits. These changes include:

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Patient information – these documents provide helpful information to patient's as to steps they can take to improve their lipid profiles.

- Alcohol and Lipids
- BMR – Changing It
- Dining Out
- Dyslipidemia and Inactivity
- Exercise and Weight Loss
- Foods to Eat, Avoid
- Inactivity and Cholesterol
- Step 1, II Diets and Fiber
- Step 1, II Diet – Description
- Training Intensity and Lipids
- Transfats and LDL

Lifestyle Changes

Recommended Actions

Diets

- [High Soluble Fiber](#)
- [Low Carbohydrate](#)
- [Low Cholesterol](#)
- [Low Fat](#)
- [Low Trans Fat](#)
- [No Sugar](#)
- [Weight Loss](#)
- [35 % Calories from Fat](#)

Weight Loss Initiative

BMR cal/day

- Exercise Prescription
- Recommend CPET
- Change Dietary Habits
- [Smoking Cessation](#)

Patient Information
(Automatically Prints)

-
-
-
-
-
-
-
-
-
-
-

Navigation

-
-
-
-
-
-

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7. Close the "option" pop-up
8. Send your e-mail, its delivery will be delayed for one month, at which time it will appear on your unit clerk's, your nurse's and you own desktop.

The unit clerk will be responsible for calling the patient to see if they have quit smoking. If they have, congratulate them; if they haven't admonish them. If they fail to quit in two to three months, serious consideration should be given to removing them from the program.

Column 3 –

Navigation Buttons – these buttons allow you to move easily within the Lipid Suite of Templates.

- Lipid Master
- Lipids Systems Review
- Extremity Exam
- Eye Exam
- Cardio Exam
- Lipids Plan
- **Referral for CPET** – this function allows you to refer the patient for a CPET from the Lipid Lifestyle Changes template.

Lifestyle Changes

Recommended Actions

Diets

- [High Soluble Fiber](#)
- [Low Carbohydrate](#)
- [Low Cholesterol](#)
- [Low Fat](#)
- [Low Trans Fat](#)
- [No Sugar](#)
- [Weight Loss](#)
- [35 % Calories from Fat](#)

Weight Loss Initiative

BMR cal/day

- Exercise Prescription
- Recommend CPET
- Change Dietary Habits
- [Smoking Cessation](#)

Patient Information
(Automatically Prints)

Alcohol and Lipids
BMR -- Changing It
Dining Out
Dyslipidemia and Inactivity
Exercise and Weight Loss
Foods to Eat, Avoid
Inactivity and Cholesterol
Step I, II Diets and Fiber
Step I, II Diets - Description
Training Intensity and Lipids
Transfats and LDL

Navigation

Lipids Master
Lipids System Review
Extremity Exam
Eye Exam
Cardio Exam
Lipids Plan

Creating an Electronic Tickler File

1. Open Microsoft Outlook by clicking on the e-mail button
2. Address the e-mail to your unit clerk, your nurse and yourself
3. Click on the "options" button at the top, right of the Microsoft Outlook tool bar
4. Find "delivery options" on the "options" pop-up
5. Click on "do not deliver before"
6. Select a date, preferably a Monday, one month hence
7. Close the "option" pop-up
8. Send your e-mail, its delivery will be delayed for one month, at which time it will appear on your unit clerk's, your nurse's and you own desktop.

The unit clerk will be responsible for calling the patient to see if they have quit smoking. If they have, congratulate them; if they haven't admonish them. If they fail to quit in two to three months, serious consideration should be given to removing them from the program.

Lipid Plan Template

This template is organized into three columns. It provides a guide and a summary to the strategy for comprehensive management of a patient's lipids.

Lipids Management Plan

Cholesterol

LDL

LDL-Remnant

Lp(a)

IDL

LDL Pattern B

VLDL

Triglycerides

HDL2

hsCRP

Summary of Orders

Medications

Continue Current Medications

Begin Increase Decrease to mg
 Begin Increase Decrease
 Begin Increase Decrease
 Begin Increase Decrease

Double-click to Order Meds

Assessment

Laboratory

Ordering Provider **Holly** **James**

CPK **Dx1**
 Lipid Panel w/LDL **Dx2**
 Liver Panel (HFP) **Dx3**
 [VAP](#) **Dx4**
 Lipoproteins
 [hsCRP](#)
 Homocystiene
 Triglycerides
 Venipuncture

Follow Up

Acute Routine

Navigation

Document

Information

Column 1 –

This column provides treatment recommendations for the following Lipid particles and/or components of the lipid evaluation:

- **Cholesterol** – when either the **Cholesterol** or the **LDL** button is depressed, a pop-up appears with the following information:

Lipids Management Plan

Cholesterol

LDL

LDL-Remnant

Lp(a)

IDL

LDL Pattern B

VLDL

Triglycerides

HDL2

hsCRP

Medications

Continue Current Medications

Begin Increase Decrease to mg

Begin Increase Decrease

Begin Increase Decrease

Begin Increase Decrease

Double-click to Order Meds

Navigation

Document

Laboratory

Ordering Provider Holly James

CPK **Dx1**

Lipid Panel w/LDL **Dx2**

Liver Panel (HFP) **Dx3**

VAP **Dx4**

Lipoproteins

hsCRP

Homocystiene

Triglycerides

Venipuncture

Follow Up

Acute Routine

Summary of Orders

Information

0. Across the top the patient's lab values for LDL, HDL, Triglycerides and non-HDL Cholesterol appear.

Lipids Drug Selection

	LDL	HDL	Triglycerides	Cholesterol	Non HDL-C
Usual Starting Dose					
Zocor 20	<input type="text" value="0"/>				
Lipitor 10	<input type="text" value="0"/>				
Pravachol 40	<input type="text" value="0"/>				
Mevacor 40	<input type="text" value="0"/>				
Lescol XL 80	<input type="text" value="0"/>				
Crestor 10	<input type="text" value="0"/>				
All Doses					
Zocor 10	<input type="text" value="0"/>				
Zocor 20	<input type="text" value="0"/>				
Zocor 40	<input type="text" value="0"/>				
Zocor 80	<input type="text" value="0"/>				
Lipitor 10	<input type="text" value="0"/>				
Lipitor 20	<input type="text" value="0"/>				
Lipitor 40	<input type="text" value="0"/>				
Lipitor 80	<input type="text" value="0"/>				
Pravachol 20	<input type="text" value="0"/>				
Pravachol 40	<input type="text" value="0"/>				
Pravachol 80	<input type="text" value="0"/>				
Mevacor 20	<input type="text" value="0"/>				
Mevacor 40	<input type="text" value="0"/>				
Mevacor 80	<input type="text" value="0"/>				
Lescol XL 80	<input type="text" value="0"/>				
Crestor 5	<input type="text" value="0"/>				
Crestor 10	<input type="text" value="0"/>				
Crestor 20	<input type="text" value="0"/>				
Crestor 40	<input type="text" value="0"/>				
Vytorin 10/10	<input type="text" value="0"/>				
Vytorin 10/20	<input type="text" value="0"/>				
Vytorin 10/40	<input type="text" value="0"/>				
Vytorin 10/80	<input type="text" value="0"/>				
Non-Statins Monotherapy					
Zetia 10 mg/day	<input type="text" value="0"/>				
WelChol 6/day	<input type="text" value="0"/>				
Tricor 160 mg/d	<input type="text" value="0"/>				
Niaspan 1.5 gm/d	<input type="text" value="0"/>				

Double-Click to Order Meds

0. Down the left side is a **list of all of the cholesterol-lowering medications** which are presently on the market.

Lipids Drug Selection

	LDL	HDL	Triglycerides	Cholesterol	Non HDL-C
Usual Starting Dose	<input type="text"/>				
Zocor 20	<input type="text"/>				
Lipitor 10	<input type="text"/>				
Pravachol 40	<input type="text"/>				
Mevacor 40	<input type="text"/>				
Lescol XL 80	<input type="text"/>				
Crestor 10	<input type="text"/>				
All Doses					
Zocor 10	<input type="text"/>				
Zocor 20	<input type="text"/>				
Zocor 40	<input type="text"/>				
Zocor 80	<input type="text"/>				
Lipitor 10	<input type="text"/>				
Lipitor 20	<input type="text"/>				
Lipitor 40	<input type="text"/>				
Lipitor 80	<input type="text"/>				
Pravachol 20	<input type="text"/>				
Pravachol 40	<input type="text"/>				
Pravachol 80	<input type="text"/>				
Mevacor 20	<input type="text"/>				
Mevacor 40	<input type="text"/>				
Mevacor 80	<input type="text"/>				
Lescol XL 80	<input type="text"/>				
Crestor 5	<input type="text"/>				
Crestor 10	<input type="text"/>				
Crestor 20	<input type="text"/>				
Crestor 40	<input type="text"/>				
Vytorin 10/10	<input type="text"/>				
Vytorin 10/20	<input type="text"/>				
Vytorin 10/40	<input type="text"/>				
Vytorin 10/80	<input type="text"/>				
Non-Statin Monotherapy					
Zetia 10 mg/day	<input type="text"/>				
WelChol 6/day	<input type="text"/>				
Tricor 160 mg/d	<input type="text"/>				
Niaspan 1.5 gm/d	<input type="text"/>				

Double-Click to Order Meds

0. In a table format the expected results for each of the elements of the lipid evaluation appear.

0. This allows you to choose a medication which will get you to the patient's lipid goals based on SETMA's treatment goals.

Lipids Drug Selection

	LDL	HDL	Triglycerides	Cholesterol	Non HDL-C
Usual Starting Dose	<input type="text"/>				
Zocor 20	<input type="text" value="0"/>				
Lipitor 10	<input type="text" value="0"/>				
Pravachol 40	<input type="text" value="0"/>				
Mevacor 40	<input type="text" value="0"/>				
Lescol XL 80	<input type="text" value="0"/>				
Crestor 10	<input type="text" value="0"/>				
All Doses					
Zocor 10	<input type="text" value="0"/>				
Zocor 20	<input type="text" value="0"/>				
Zocor 40	<input type="text" value="0"/>				
Zocor 80	<input type="text" value="0"/>				
Lipitor 10	<input type="text" value="0"/>				
Lipitor 20	<input type="text" value="0"/>				
Lipitor 40	<input type="text" value="0"/>				
Lipitor 80	<input type="text" value="0"/>				
Pravachol 20	<input type="text" value="0"/>				
Pravachol 40	<input type="text" value="0"/>				
Pravachol 80	<input type="text" value="0"/>				
Mevacor 20	<input type="text" value="0"/>				
Mevacor 40	<input type="text" value="0"/>				
Mevacor 80	<input type="text" value="0"/>				
Lescol XL 80	<input type="text" value="0"/>				
Crestor 5	<input type="text" value="0"/>				
Crestor 10	<input type="text" value="0"/>				
Crestor 20	<input type="text" value="0"/>				
Crestor 40	<input type="text" value="0"/>				
Vytorin 10/10	<input type="text" value="0"/>				
Vytorin 10/20	<input type="text" value="0"/>				
Vytorin 10/40	<input type="text" value="0"/>				
Vytorin 10/80	<input type="text" value="0"/>				
Non-Statin Monotherapy					
Zetia 10 mg/day	<input type="text" value="0"/>				
WelChol 6/day	<input type="text" value="0"/>				
Tricor 160 mg/d	<input type="text" value="0"/>				
Niaspan 1.5 gm/d	<input type="text" value="0"/>				

Double-Click to Order Meds

0. There is also a link which carries you to NextGen's Medication module in order to order medication from this pop-up.

Lipids Drug Selection

	LDL	HDL	Triglycerides	Cholesterol	Non HDL-C
Usual Starting Dose	<input type="text"/>				
Zocor 20	<input type="text" value="0"/>				
Lipitor 10	<input type="text" value="0"/>				
Pravachol 40	<input type="text" value="0"/>				
Mevacor 40	<input type="text" value="0"/>				
Lescol XL 80	<input type="text" value="0"/>				
Crestor 10	<input type="text" value="0"/>				
All Doses					
Zocor 10	<input type="text" value="0"/>				
Zocor 20	<input type="text" value="0"/>				
Zocor 40	<input type="text" value="0"/>				
Zocor 80	<input type="text" value="0"/>				
Lipitor 10	<input type="text" value="0"/>				
Lipitor 20	<input type="text" value="0"/>				
Lipitor 40	<input type="text" value="0"/>				
Lipitor 80	<input type="text" value="0"/>				
Pravachol 20	<input type="text" value="0"/>				
Pravachol 40	<input type="text" value="0"/>				
Pravachol 80	<input type="text" value="0"/>				
Mevacor 20	<input type="text" value="0"/>				
Mevacor 40	<input type="text" value="0"/>				
Mevacor 80	<input type="text" value="0"/>				
Lescol XL 80	<input type="text" value="0"/>				
Crestor 5	<input type="text" value="0"/>				
Crestor 10	<input type="text" value="0"/>				
Crestor 20	<input type="text" value="0"/>				
Crestor 40	<input type="text" value="0"/>				
Vytorin 10/10	<input type="text" value="0"/>				
Vytorin 10/20	<input type="text" value="0"/>				
Vytorin 10/40	<input type="text" value="0"/>				
Vytorin 10/80	<input type="text" value="0"/>				
Non-Statin Monotherapy					
Zetia 10 mg/day	<input type="text" value="0"/>				
WelChol 6/day	<input type="text" value="0"/>				
Tricor 160 mg/d	<input type="text" value="0"/>				
Niaspan 1.5 gm/d	<input type="text" value="0"/>				

Double-Click to Order Meds

0. **Return** – this button appears just above the Medication Module link and when depressed carries you back to the Lipid Plan Template.

Lipids Drug Selection

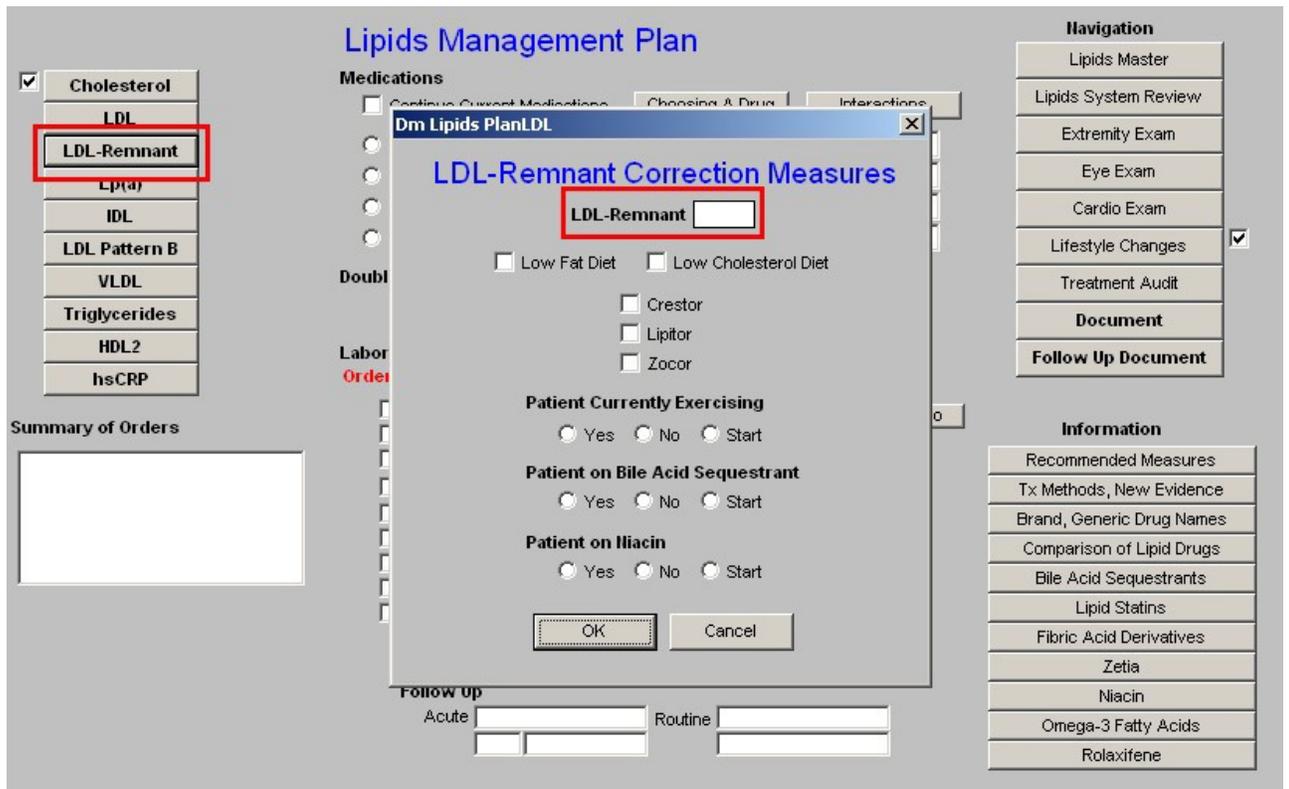
	LDL	HDL	Triglycerides	Cholesterol	Non HDL-C
Usual Starting Dose	<input type="text"/>				
Zocor 20	<input type="text" value="0"/>				
Lipitor 10	<input type="text" value="0"/>				
Pravachol 40	<input type="text" value="0"/>				
Mevacor 40	<input type="text" value="0"/>				
Lescol XL 80	<input type="text" value="0"/>				
Crestor 10	<input type="text" value="0"/>				
All Doses					
Zocor 10	<input type="text" value="0"/>				
Zocor 20	<input type="text" value="0"/>				
Zocor 40	<input type="text" value="0"/>				
Zocor 80	<input type="text" value="0"/>				
Lipitor 10	<input type="text" value="0"/>				
Lipitor 20	<input type="text" value="0"/>				
Lipitor 40	<input type="text" value="0"/>				
Lipitor 80	<input type="text" value="0"/>				
Pravachol 20	<input type="text" value="0"/>				
Pravachol 40	<input type="text" value="0"/>				
Pravachol 80	<input type="text" value="0"/>				
Mevacor 20	<input type="text" value="0"/>				
Mevacor 40	<input type="text" value="0"/>				
Mevacor 80	<input type="text" value="0"/>				
Lescol XL 80	<input type="text" value="0"/>				
Crestor 5	<input type="text" value="0"/>				
Crestor 10	<input type="text" value="0"/>				
Crestor 20	<input type="text" value="0"/>				
Crestor 40	<input type="text" value="0"/>				
Vytorin 10/10	<input type="text" value="0"/>				
Vytorin 10/20	<input type="text" value="0"/>				
Vytorin 10/40	<input type="text" value="0"/>				
Vytorin 10/80	<input type="text" value="0"/>				
Non-Statin Monotherapy					
Zetia 10 mg/day	<input type="text" value="0"/>				
welChol 6/day	<input type="text" value="0"/>				
Tricor 160 mg/d	<input type="text" value="0"/>				
Niaspan 1.5 gm/d	<input type="text" value="0"/>				

Return

Double-Click to Order Meds

Brand Name

- **LDL** – see **Cholesterol** above, as this button functions in the same way.
- **LDL-Remnant** – this button launches a pop-up with the title **LDL-Remnant Correction Measures**. It contains the following:



0. **LDL-Remnant** – this is a box where the laboratory result for this lipid particle appears if it is present in the system.

- . For an explanation of the **LDL-Remnant**, go to the Master Lipid Template and click on the name **LDL-Remnant**.
- . This will launch a brief document which explains the importance of this Lipid particle.

Dm Lipids PlanLDL

LDL-Remnant Correction Measures

LDL-Remnant

Low Fat Diet Low Cholesterol Diet

Crestor
 Lipitor
 Zocor

Patient Currently Exercising
 Yes No Start

Patient on Bile Acid Sequestrant
 Yes No Start

Patient on Iliacin
 Yes No Start

OK Cancel

0. **Low Fat Diet** – the only two dietary interventions which affect the LDL-Remnant specifically are the **Low Fat Diet** and the **Low Cholesterol Diet**.
- . Checking the box next to **Low Fat** or **Low Cholesterol** will document that you are placing the patient on either or both of these diets.
 - . It will also check the same on the **Life-Style Changes Template**.
 - . Either of both diets should then be printed and given to the patient.
 - . Either diet is printed from the **Life-Style Changes Template**.

Dm Lipids PlanLDL [X]

LDL-Remnant Correction Measures

LDL-Remnant

Low Fat Diet Low Cholesterol Diet

Crestor
 Lipitor
 Zocor

Patient Currently Exercising
 Yes No Start

Patient on Bile Acid Sequestrant
 Yes No Start

Patient on Iliacin
 Yes No Start

3. **Low Cholesterol Diet** – See the explanation above on the Low Fat Diet.

Dm Lipids PlanLDL [X]

LDL-Remnant Correction Measures

LDL-Remnant

Low Fat Diet Low Cholesterol Diet

Crestor
 Lipitor
 Zocor

Patient Currently Exercising
 Yes No Start

Patient on Bile Acid Sequestrant
 Yes No Start

Patient on Iliacin
 Yes No Start

4. **Crestor** – There are only three statins which address the LDL-Remnant and they are Crestor, Lipitor and Zocor.
 - a. If you elect to start the patient on Crestor, Lipitor or Zocor, there are two more

actions which you need to take.

- . One is to enter the medication in the space provided in the second column on the Lipid Plan template (see below).
- . The other is to access the Medication Module from the Lipid Plan template and order the medication.

0. **Lipitor** – see the explanation above for Crestor.

0. **Zocor** – see the explanation above for Crestor.

Dm Lipids PlanLDL

LDL-Remnant Correction Measures

LDL-Remnant

Low Fat Diet Low Cholesterol Diet

Crestor
 Lipitor
 Zocor

Patient Currently Exercising
 Yes No Start

Patient on Bile Acid Sequestrant
 Yes No Start

Patient on Iliacin
 Yes No Start

0. **Patient Currently Exercising** – Exercise is a critical element of treatment of any and all lipid abnormalities.

- . Here there are check boxes for “yes,” “no,” and “start.”
- . It is desirable to document the type, frequency and intensity of exercise which the patient is performing.
- . This can be done from the Life-Style Template with its link to the Exercise template.

Dm Lipids PlanLDL

LDL-Remnant Correction Measures

LDL-Remnant

Low Fat Diet Low Cholesterol Diet

Crestor
 Lipitor
 Zocor

Patient Currently Exercising

Yes No Start

Patient on Bile Acid Sequestrant

Yes No Start

Patient on Iliacin

Yes No Start

0. **Patient on Bile-Acid Sequestrant** – this is the second class of medications which affect the LDL-Remnant particle in lipids.

- . There are check boxes for “yes,”no” or “start.”
- . If you elect to start the patient on a bile-acid sequestrant, there are two more actions which you need to take.
- . One is to enter the medication in the space provided in the second column on the Lipid Plan template (see below).
- . The other is to access the Medication Module from the Lipid Plan template and order the medication.

Dm Lipids PlanLDL

LDL-Remnant Correction Measures

LDL-Remnant

Low Fat Diet Low Cholesterol Diet

Crestor
 Lipitor
 Zocor

Patient Currently Exercising
 Yes No Start

Patient on Bile Acid Sequestrant
 Yes No Start

Patient on Niacin
 Yes No Start

0. **Patient on Niacin** – this is the third class of drugs which affects the LDL-Remnant.

- . There are check boxes for “yes,” “no,” or “start.”
- . If you elect to start the patient on Niacin, there are two more actions which you need to take.
- . One is to enter the medication in the space provided in the second column on the Lipid Plan template (see below).
- . The other is to access the Medication Module from the Lipid Plan template and order the medication.

Dm Lipids PlanLDL [X]

LDL-Remnant Correction Measures

LDL-Remnant

Low Fat Diet Low Cholesterol Diet

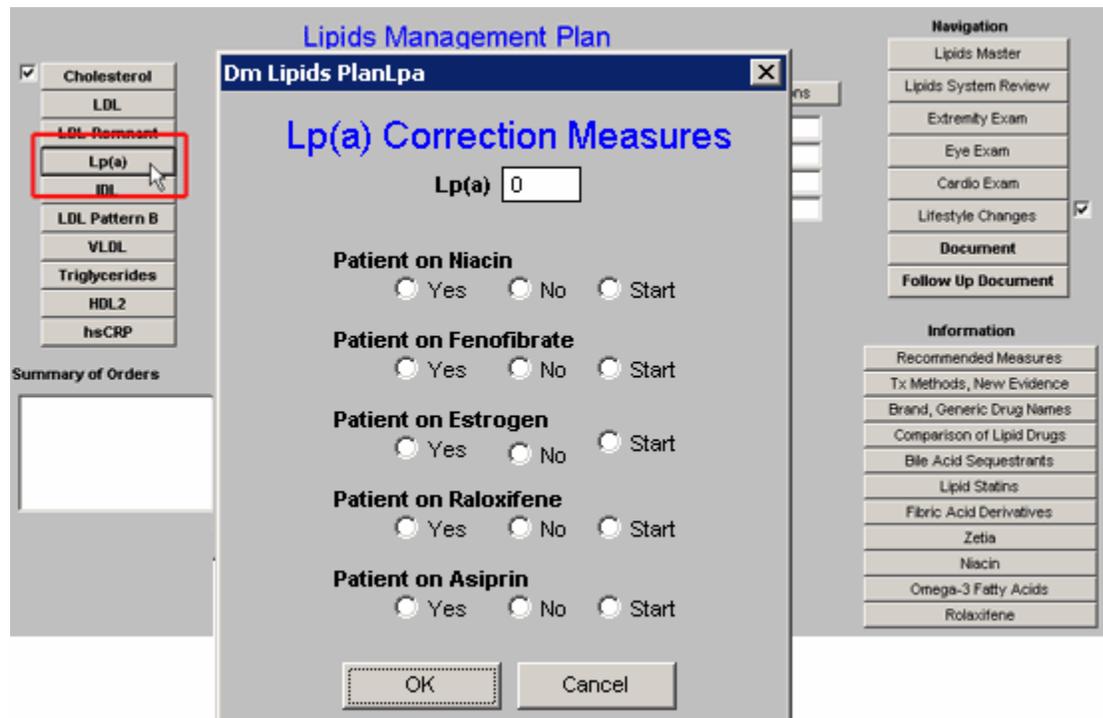
Crestor
 Lipitor
 Zocor

Patient Currently Exercising
 Yes No Start

Patient on Bile Acid Sequestrant
 Yes No Start

Patient on Niacin
 Yes No Start

- 0. **OK** – this button saves your entries on this pop-up and closes the pop-up returning you to the Lipid Plan template.
- 0. **Cancel** – this button cancels your entries on this template
- **Lp(a)** – this is pronounced “Lp little a.” Information on its significance can be found by launching the document attached to the name Lp(a) on the Master Lipid Template.
 - 0. On the Lipid Plan template depressing the button entitled **Lp(a)** launches a pop-up entitled **Lp(a) Correction Measures**.
 - 0. There are five sets of checkboxes labeled “**yes - no - start.**”
 - 0. As above, if any of these medications are chosen, they need to be entered into column 2 of the Lipid Plan Template (see below) and on the Medication Module.
 - 0. The five medications which improve Lp(a) are:
 - . Niacin
 - . Fenofibrate
 - . Estrogen
 - . Rolaxifine
 - . Aspirin

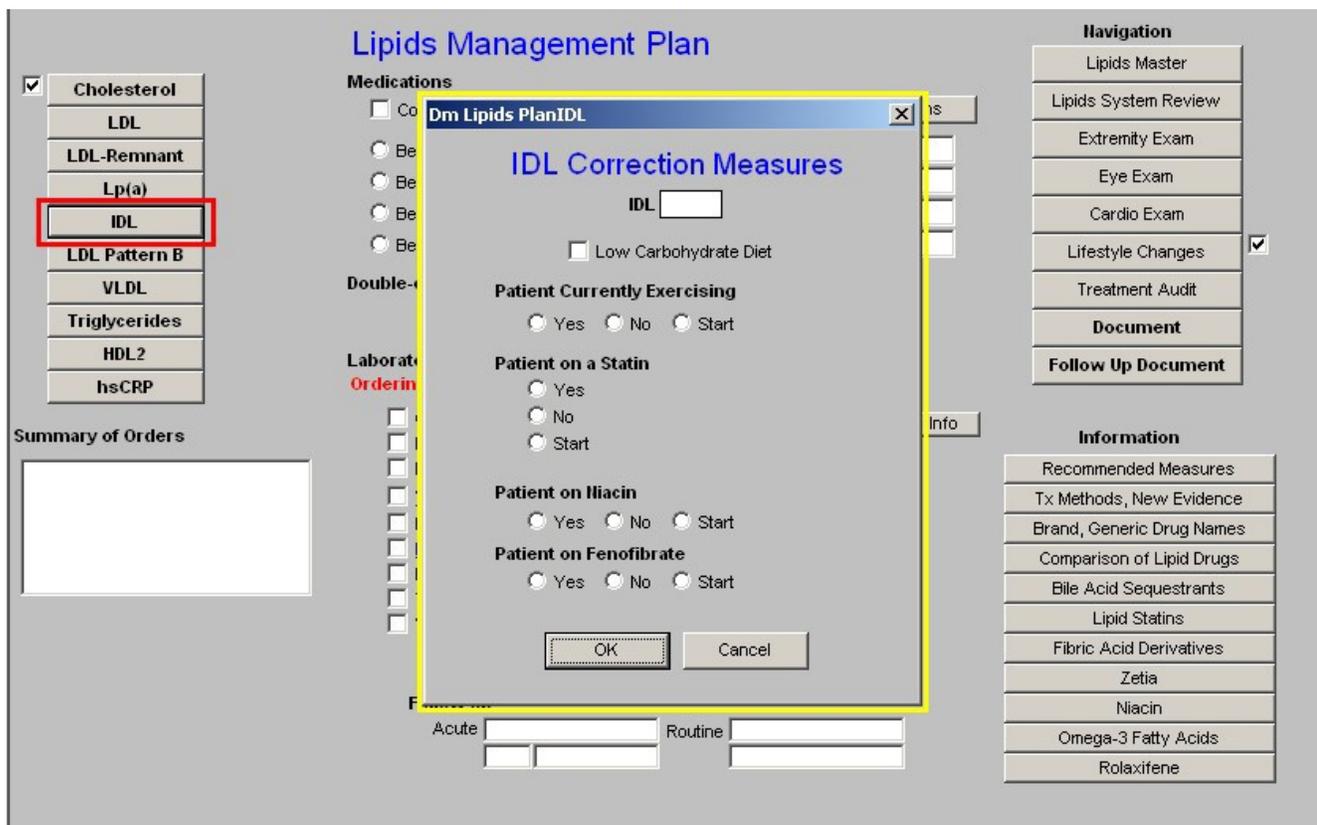


- **IDL** – this button launches a pop-up entitled **IDL Correction Measures**. It provides the following information and options:

0. The value for the IDL if it exists in SETMA’s lab system.
0. Check box for a Low Carbohydrate Diet
0. **Patient Currently Exercising** -- Check box for “yes,” “no,” or “start.” Again, documentation of the patient’s type, duration, frequency and intensity of exercise is available on the Exercise template which is launched from the Lipid’s Lifestyle Changes Template.
0. **Patient on Statin** – with a check box for “yes,” no,” or “start.”

Note: If the patient is on a statin or if a statin is started a box will appear which asks if the patient is on Co Enzyme Q 10 (CoQ 10) or not. All patients who on a statin would benefit from CoQ10 treatment as the statins significantly decrease this very important naturally occurring enzyme.

0. Patient on Niacin
0. Patient on Fenofibrate



Note: If any or all of these medications are started, they should be entered in Column 2 of the Lipid Plan template and in the Medication Module as well.

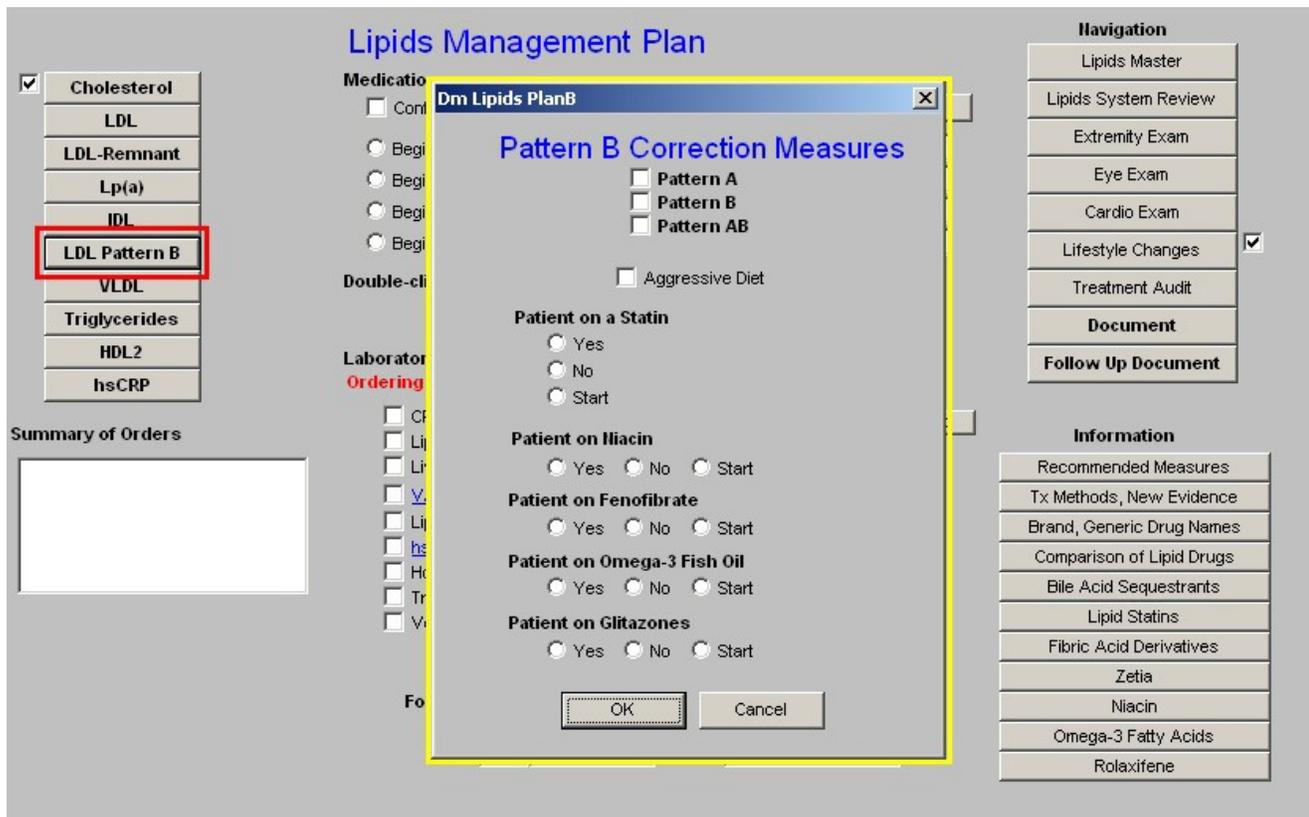
- **LDL Pattern B** – this launches a pop-up entitled Patten B Correction Measures. The pop-up provides the following information and options:

0. The laboratory results of whether the patient has:

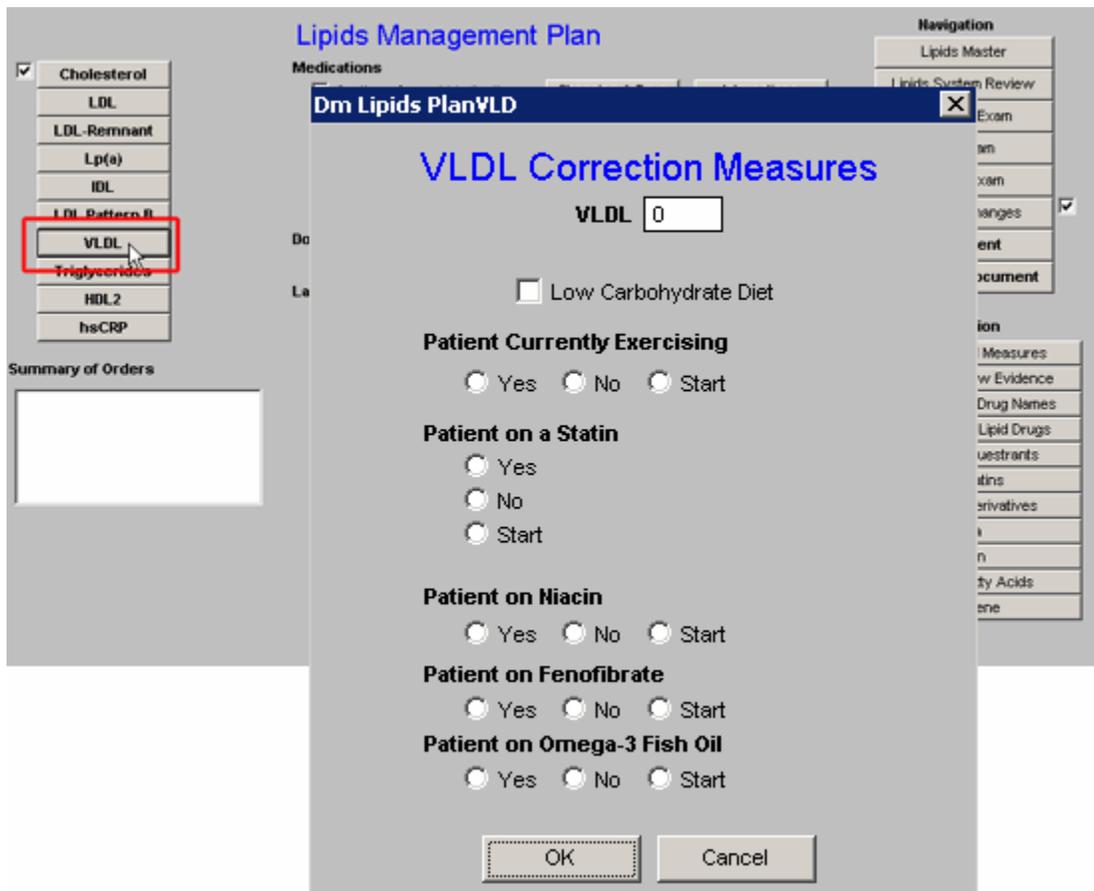
- . Pattern A (desirable),
- . Pattern B (undesirable) or
- . Pattern A/B (mixed).

Note: More information on these patterns can be found from the education information available on the **Master Lipid Template** (see above) or elsewhere on the **Lipid Plan Template** (see below).

- 0. Aggressive diet
- 0. Statin
- 0. Niacin
- 0. Fenofibrate
- 0. Omega-3 Fish Oil
- 0. Glitazones

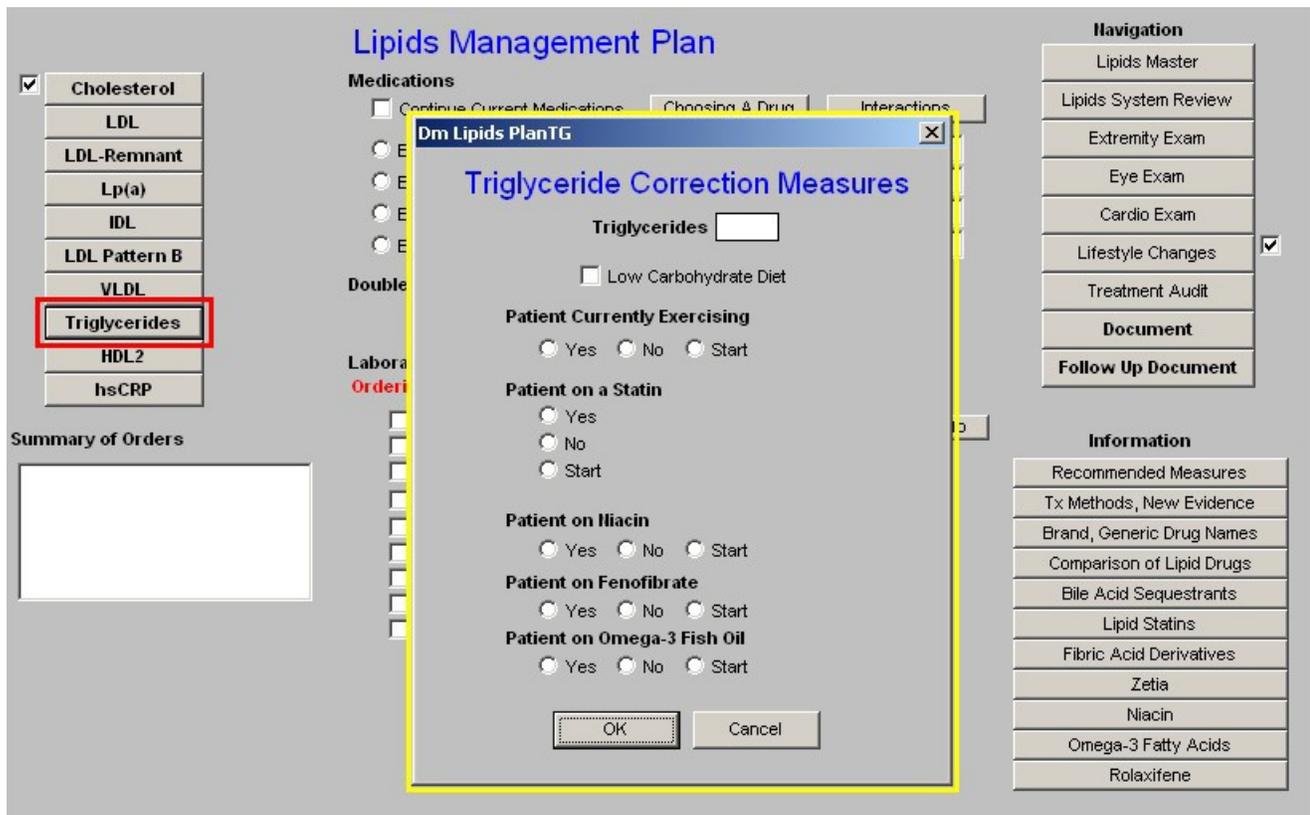


- **VLDL** -- this launches a pop-up entitled **VLDL Correction Measures**. The information and options include:
 - 0. VLDL lab results if available.
 - 0. Low Carbohydrate diet
 - 0. Exercise
 - 0. Statin
 - 0. Niacin
 - 0. Fenofibrate
 - 0. Omega 3 Fish Oil



- **Triglycerides**

0. Triglycerides lab results.
0. **Low Carbohydrate diet** – this is the most important aspect of treating triglycerides.
0. Exercise
0. Statin
0. Niacin
0. Fenofibrate
0. Omega 3 Fish Oil



- **HDL2**

- 0. HDL2 lab results if available

- Note:** In the face of a low total HDL, even if the HDL2 and HDL 3 have not been measured, the treatment recommendations for low HDL2 apply.

- 0. Statin

- 0. Niacin

Lipids Management Plan

Cholesterol

LDL

LDL-Remnant

Lp(a)

IDL

LDL Pattern B

VLDL

Triglycerides

HDL2

hsCRP

Summary of Orders

Medications

Continue Current Medications

B B B B

Double

Laboratory Order

Navigation

Lipids Master

Lipids System Review

Extremity Exam

Eye Exam

Cardio Exam

Lifestyle Changes

Treatment Audit

Document

Follow Up Document

Information

Recommended Measures

Tx Methods, New Evidence

Brand, Generic Drug Names

Comparison of Lipid Drugs

Bile Acid Sequestrants

Lipid Statins

Fibric Acid Derivatives

Zetia

Niacin

Omega-3 Fatty Acids

Rolaxifene

Follow Up

Acute Routine

Dm Lipids PlanHDL [X]

HDL2 Correction Measures

HDL2

Patient Currently Exercising

Yes No Start

Patient on a Statin

Yes No Start

Patient on Niacin

Yes No Start

- **hsCRP**

- 0. hsCRP lab results
- 0. Low Fat
- 0. Low Carbohydrate Diet
- 0. Exercise
- 0. Statin
- 0. Omega-3 Fish Oil

Lipids Management Plan

Cholesterol

LDL

LDL-Remnant

Lp(a)

IDL

LDL Pattern B

VLDL

Triglycerides

HDL2

hsCRP

Medications

Continue Current Medications

Begin Increase Decrease to mg
 Begin Increase Decrease to mg
 Begin Increase Decrease to mg
 Begin Increase Decrease to mg

Double-click to Order Meds

Navigation

Lipids Master

Lipids System Review

Extremity Exam

Eye Exam

Cardio Exam

Lifestyle Changes

Treatment Audit

Document

Follow Up Document

Laboratory

Ordering Provider **Holly** **James**

CPK **Dx1** Fredrickson type I Hyperlipoprotein
 Lipid Panel w/LDL **Dx2**
 Liver Panel (HFP) **Dx3**
 VAP **Dx4**
 Lipoproteins
 hsCRP
 Homocystiene
 Triglycerides
 Venipuncture

Follow Up

Acute Routine

Summary of Orders

Information

Recommended Measures

Tx Methods, New Evidence

Brand, Generic Drug Names

Comparison of Lipid Drugs

Bile Acid Sequestrants

Lipid Statins

Fibric Acid Derivatives

Zetia

Niacin

Omega-3 Fatty Acids

Rolaxifene

Column 2 –

Medications –

Lipids Management Plan

Cholesterol

LDL

LDL-Remnant

Lp(a)

IDL

LDL Pattern B

VLDL

Triglycerides

HDL2

hsCRP

Medications

Continue Current Medications

Begin Increase Decrease to mg
 Begin Increase Decrease to mg
 Begin Increase Decrease to mg
 Begin Increase Decrease to mg

Double-click to Order Meds

Navigation

Lipids Master

Lipids System Review

Extremity Exam

Eye Exam

Cardio Exam

Lifestyle Changes

Treatment Audit

Document

Follow Up Document

Laboratory

Ordering Provider **Holly** **James**

CPK **Dx1** Fredrickson type I Hyperlipoprotein
 Lipid Panel w/LDL **Dx2**
 Liver Panel (HFP) **Dx3**
 VAP **Dx4**
 Lipoproteins
 hsCRP
 Homocystiene
 Triglycerides
 Venipuncture

Follow Up

Acute Routine

Summary of Orders

Information

Recommended Measures

Tx Methods, New Evidence

Brand, Generic Drug Names

Comparison of Lipid Drugs

Bile Acid Sequestrants

Lipid Statins

Fibric Acid Derivatives

Zetia

Niacin

Omega-3 Fatty Acids

Rolaxifene

- **Continue Current Medications** – this check box allows you to continue present medications.
- **Choosing a medication** – this launches the same pop-up as on the links to Cholesterol
- **Interactions** – the growing number of drugs which are influenced by the Cytochrome P450 system makes it important for all providers to be able to easily review these interactions. It is impossible to know and/or remember all of this data. This function allows you to review it on line and in the midst of a patient encounter.

0. This button launches a template entitled “**Statins and Cytochrome P450,**” which is a part of the **Drug Interactions** material which is found on the second line of AAA Home.
0. The link on Lipid Plan, displays the Cytochrome P450 material which relates specifically to statins.
0. The six statins listed are in descending order of sensitivity to the P450 system.
0. When accessed, this function allows for the selection of the statin of interest.
0. The following information is then given on the selected statin:
 - **Substrate** – this identifies the P450 enzyme which affects this statin.
 - **Common Inhibitors** – this identifies the drugs and/or substances which decrease the activity of the P450 enzyme and which therefore increases the blood levels of this statin and which therefore can cause toxicity.
 - **Common Inducers** – this identifies the drugs an/or substances which increase the activity of the P450 enzyme and which therefore decreases the blood levels of this statin and which can therefore cause the drug to be ineffective.

- a. **Comments** – this gives additional information about the impact of the P450 enzymes on this statin.

Lipids Management Plan

Cholesterol

- LDL
- LDL-Remnant
- Lp(a)
- IDL
- LDL Pattern B
- VLDL
- Triglycerides
- HDL2
- hsCRP

Medications

Continue Current Medications Choosing A Drug **Interactions**

Begin Increase Decrease [] to [] mg []
 Begin Increase Decrease [] to [] mg []
 Begin Increase Decrease [] to [] mg []
 Begin Increase Decrease [] to [] mg []

Double-click to Order Meds Brand Name []

Laboratory

Ordering Provider **Holy** **James**

- CPK
- Lipid Panel w/LDL
- Liver Panel (HFP)
- VAP
- Lipoproteins
- hsCRP
- Homocystiene
- Triglycerides
- Venipuncture

Assessment

Dx1 Fredrickson type I Hyperlipoproteir Info

Dx2 []

Dx3 []

Dx4 []

Submit Labs

Follow Up

Acute [] Routine []

Navigation

- Lipids Master
- Lipids System Review
- Extremity Exam
- Eye Exam
- Cardio Exam
- Lifestyle Changes
- Treatment Audit
- Document**
- Follow Up Document**

Information

- Recommended Measures
- Tx Methods, New Evidence
- Brand, Generic Drug Names
- Comparison of Lipid Drugs
- Bile Acid Sequestrants
- Lipid Statins
- Fibric Acid Derivatives
- Zetia
- Niacin
- Omega-3 Fatty Acids
- Rolaxifene

Di P450statins

Cytochrome P450 and the Statins

Select a statin from the list below...

*** Organized in descending order of sensitivity to P450 metabolism. Those at the bottom of the list are the LEAST sensitive to P450 metabolism.*

- Simvastatin (Zocor)
- Lovastatin (Mevacor)
- Atorvastatin (Lipitor)
- Fluvastatin (Lescol)
- Rosuvastatin (Crestor)
- Pravastatin (Pravachol)

Substrate

Some Common Inhibitors (raise serum concentration levels)

Some Common Inducers (lowers serum concentration levels)

Comments

The next function in Column 2 is four sets of boxes for the beginning, increasing or decreasing of Lipid-related medications. The pick list for these boxes includes both pharmaceuticals and relevant Nutraceuticals.

Pick List

**** Pharmaceuticals**

Atrovastatin (Lipitor)
Cholestyramine (Questran)
Clofibrate (Atromid-S)
Colesevelam (Welchol)
Colestipol (Colestid)
Ezetrol (Zetia)
Fenofibrate (TriCor)
Fluvastatin (Lescol)
Gemfibrozil (Lopid)
Lovastatin (Mevacor)
Niaspan
Nicotinic Acid
Pioglitazone (Actos)
Pravastatin (Pravachol)
Rolaxifene (Evista)
Rosiglitazone (Avandia)
Rosuvastatin (Crestor)
Simvastatin (Zocor)

**** Nutraceuticals**

Co-enzyme Q10
L-Carnitine
N-Acetyl Cysteine
Omega 3
Pantothenic Acid (B5)
Vitamin E (d-gamma)
Cholifibrate (Atromid-S)

Space is provided for providing the name of the pharmaceutical and/or Nutraceuticals, the dosage and the frequency of dosing.

Lipids Management Plan

Cholesterol

LDL

LDL-Remnant

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hsCRP

Medications

Continue Current Medications

Choosing A Drug Interactions

Begin Increase Decrease
 Begin Increase Decrease
 Begin Increase Decrease
 Begin Increase Decrease

Double-click to Order Meds

Brand Name

Ass

Laboratory

Ordering Provider **Holly** **James**

CPK
 Lipid Panel w/LDL
 Liver Panel (HFP)
 VAP
 Lipoproteins
 hsCRP
 Homocystiene
 Triglycerides
 Venipuncture

Dx1
 Dx2
 Dx3
 Dx4

Follow Up

Acute Routine

Navigation

Lipids Master

Lipids System Review

Extremity Exam

Eye Exam

Cardio Exam

Lifestyle Changes

Treatment Audit

Document

Follow Up Document

Information

Recommended Measures

Methods, New Evidence

Generic Drug Names

Comparison of Lipid Drugs

Acid Sequestrants

Lipid Statins

Organic Acid Derivatives

Zetia

Niacin

Omega-3 Fatty Acids

Rolaxifene

Lipids Meds

**** Pharmaceuticals**

Atrovastatin (Lipitor)

Cholestyramine (Questran)

Clofibrate (Atromid-S)

Colesevelam (Welchol)

Colestipol (Colestid)

Ezetrol (Zetia)

Fenofibrate (TriCor)

Fluvastatin (Lescol)

Gemfibrozil (Lopid)

Lovastatin (Mevacor)

Niaspan

Nicotinic Acid

Pioglitazone (Actos)

Pravastatin (Pravachol)

Rolaxifene (Evista)

Rosiglitazone (Avandia)

Rosuvastatin (Crestor)

Simvastatin (Zocor)

**** Nutraceuticals**

Co-enzyme Q10

L-Carnitine

N-Acetyl Cysteine

Omega 3

Pantothenic Acid (B5)

Vitamin E (d-gamma)

Close

Lipids Management Plan

Cholesterol

LDL

LDL-Remnant

Lp(a)

IDL

LDL Pattern B

VLDL

Triglycerides

HDL2

hsCRP

Medications

Continue Current Medications

Choosing A Drug Interactions

Begin Increase Decrease
 Begin Increase Decrease
 Begin Increase Decrease
 Begin Increase Decrease

Double-click to Order Meds

Brand Name

Ass

Laboratory

Ordering Provider **Holly**

CPK
 Lipid Panel w/LDL
 Liver Panel (HFP)
 VAP
 Lipoproteins
 hsCRP
 Homocystiene
 Triglycerides
 Venipuncture

Dx1
 Dx2
 Dx3
 Dx4

Follow Up

Acute Routine

Navigation

Lipids Master

Lipids System Review

Extremity Exam

Eye Exam

Cardio Exam

Lifestyle Changes

Treatment Audit

Document

Follow Up Document

Information

Recommended Measures

Methods, New Evidence

Generic Drug Names

Comparison of Lipid Drugs

Acid Sequestrants

Lipid Statins

Organic Acid Derivatives

Zetia

Niacin

Omega-3 Fatty Acids

Rolaxifene

Medication Dose (mg)

0	00	.00	10	15	20
.25	.50	.75	25	30	40
1	2	3	50	60	70
4	5	6	80	90	100
7	8	9	200	300	400
+	-	.	500	600	700

Clear

OK Cancel

Lipids Management Plan

Cholesterol

LDL

LDL-Remnant

Lp(a)

IDL

LDL Pattern B

VLDL

Triglycerides

HDL2

hsCRP

Medications

Continue Current Medications

Begin Increase Decrease _____ to _____ mg _____
 Begin Increase Decrease _____ to _____ mg _____
 Begin Increase Decrease _____ to _____ mg _____
 Begin Increase Decrease _____ to _____ mg _____

Double-click to Order Meds

Laboratory

Ordering Provider: **Holly** | **James**

CPK Dx1: Fredrickson ty
 Lipid Panel w/LDL Dx2: _____
 Liver Panel (HFP) Dx3: _____
 VAP Dx4: _____
 Lipoproteins
 hsCRP
 Homocystiene
 Triglycerides
 Venipuncture

Follow Up

Acute: _____ Routine: _____

Navigation

Lipids Master

Lipids System Review

Extremity Exam

Eye Exam

Cardio Exam

Lifestyle Changes

Treatment Audit

Document

Follow Up Document

Information

Recommended Measures

Tx Methods, New Evidence

Brand, Generic Drug Names

Comparison of Lipid Drugs

Bile Acid Sequestrants

Lipid Statins

Fibric Acid Derivatives

Zetia

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Rolaxifene

Summary of Orders

Beneath these four sets of boxes is a link to the medication module so that medications which are recommended can easily be ordered and placed in the patient's medication list.

Lipids Management Plan

Cholesterol

LDL

LDL-Remnant

Lp(a)

IDL

LDL Pattern B

VLDL

Triglycerides

HDL2

hsCRP

Medications

Continue Current Medications

Begin Increase Decrease _____ to _____ mg _____
 Begin Increase Decrease _____ to _____ mg _____
 Begin Increase Decrease _____ to _____ mg _____
 Begin Increase Decrease _____ to _____ mg _____

Double-click to Order Meds

Laboratory

Ordering Provider: **Holly** | **James**

CPK Dx1: Fredrickson type I Hyperlipoproteir
 Lipid Panel w/LDL Dx2: _____
 Liver Panel (HFP) Dx3: _____
 VAP Dx4: _____
 Lipoproteins
 hsCRP
 Homocystiene
 Triglycerides
 Venipuncture

Follow Up

Acute: _____ Routine: _____

Navigation

Lipids Master

Lipids System Review

Extremity Exam

Eye Exam

Cardio Exam

Lifestyle Changes

Treatment Audit

Document

Follow Up Document

Information

Recommended Measures

Tx Methods, New Evidence

Brand, Generic Drug Names

Comparison of Lipid Drugs

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Fibric Acid Derivatives

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Niacin

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Rolaxifene

Summary of Orders

Beneath the link to the Medication module is a list of the Laboratory tests which can be ordered and charge posted from the Lipid Templates; they are:

- CPK
- Lipid Panel
- Liver Panel (HFP)
- **VAP** – when this option is selected, the five options which follow it are automatically checked as they are part of that evaluation. Remember, few insurance companies pay for a VAP although it is a very important part of a thorough Lipid evaluation.
- Spectrophotometry
- Lipoproteins
- hsCRP
- Homocystiene
- Triglycerides

Next to the laboratory tests which can be ordered, are **four Assessment boxes** in which the patient’s diagnosis can be documented.

- Because this is a special tool, it is possible to associated more than one name with each ICD-9 code and still have it work with charge posting.
- Therefore, in the first two Assessment boxes you will see diagnoses that are only related to lipids. All of these lipid ICD-9 codes which are not available from SETMA’s ICD-9 Code list which is associated with the Dx3 and Dx4 Assessment boxes.

Lipids Management Plan

Cholesterol

LDL

LDL-Remnant

Lp(a)

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VLDL

Triglycerides

HDL2

hsCRP

Summary of Orders

Medications

Continue Current Medications

Begin Increase Decrease to mg

Double-click to Order Meds

Laboratory

Ordering Provider **Holly** **James**

CPK

Lipid Panel w/LDL

Liver Panel (HFP)

VAP

Lipoproteins

hsCRP

Homocystiene

Triglycerides

Venipuncture

Follow Up

Acute Routine

Navigation

Document

Information

Assessment

Dx1	Fredrickson type I Hyperlipoproteir	<input type="button" value="Info"/>
Dx2	<input type="text"/>	
Dx3	<input type="text"/>	
Dx4	<input type="text"/>	

Note: When completed, the four Assessment options from the Lipid Plan will appear in the first four Assessment boxes on the Master GP Assessment Template. If you have already put data in those four boxes from another template, the Lipid Plan will overwrite them. Be aware of this and make allowance for it when using other templates for Assessment documentation.

Beneath the four Assessment boxes is a button entitled “Submit.”

- Once you have completed the lab orders for Lipids
- Once you have completed the diagnosis for Lipids
- Click the “Submit” button and you will do four things:
 3. You will send the lab orders to the lab
 3. You will post the lab charges to the patient’s chart
 3. You will place the lab orders on the Superbill – while this is not used any longer, it still exists and allows you to visually inspect your orders to see if you have done it correctly. You will find this function on the Master GP Plan Template.
 3. You will place the lab orders on the patient’s chart.

Lipids Management Plan

- Cholesterol
- LDL
- LDL-Remnant
- Lp(a)
- IDL
- LDL Pattern B
- VLDL
- Triglycerides
- HDL2
- hsCRP

Summary of Orders

Medications

Continue Current Medications Choosing A Drug Interactions

Begin Increase Decrease to mg
 Begin Increase Decrease to mg
 Begin Increase Decrease to mg
 Begin Increase Decrease to mg

Double-click to Order Meds Brand Name

Assessment

Laboratory

Ordering Provider Holly James

CPK **Dx1** Fredrickson type I Hyperlipoproteir Info
 Lipid Panel w/LDL **Dx2**
 Liver Panel (HFP) **Dx3**
 VAP **Dx4**
 Lipoproteins
 hsCRP
 Homocystiene
 Triglycerides
 Venipuncture

Submit Labs

Follow Up

Acute Routine

Navigation

- Lipids Master
- Lipids System Review
- Extremity Exam
- Eye Exam
- Cardio Exam
- Lifestyle Changes
- Treatment Audit

Document

Follow Up Document

Information

- Recommended Measures
- Tx Methods, New Evidence
- Brand, Generic Drug Names
- Comparison of Lipid Drugs
- Bile Acid Sequestrants
- Lipid Statins
- Fibric Acid Derivatives
- Zetia
- Niacin
- Omega-3 Fatty Acids
- Rolaxifene

Beneath the lab tests is an option to note the timing and reason for a follow-up visit.

Lipids Management Plan

- Cholesterol
- LDL
- LDL-Remnant
- Lp(a)
- IDL
- LDL Pattern B
- VLDL
- Triglycerides
- HDL2
- hsCRP

Summary of Orders

Medications

Continue Current Medications Choosing A Drug Interactions

Begin Increase Decrease to mg
 Begin Increase Decrease to mg
 Begin Increase Decrease to mg
 Begin Increase Decrease to mg

Double-click to Order Meds Brand Name

Assessment

Laboratory

Ordering Provider Holly James

CPK **Dx1** Fredrickson type I Hyperlipoproteir Info
 Lipid Panel w/LDL **Dx2**
 Liver Panel (HFP) **Dx3**
 VAP **Dx4**
 Lipoproteins
 hsCRP
 Homocystiene
 Triglycerides
 Venipuncture

Submit Labs

Follow Up

Acute Routine

Navigation

- Lipids Master
- Lipids System Review
- Extremity Exam
- Eye Exam
- Cardio Exam
- Lifestyle Changes
- Treatment Audit

Document

Follow Up Document

Information

- Recommended Measures
- Tx Methods, New Evidence
- Brand, Generic Drug Names
- Comparison of Lipid Drugs
- Bile Acid Sequestrants
- Lipid Statins
- Fibric Acid Derivatives
- Zetia
- Niacin
- Omega-3 Fatty Acids
- Rolaxifene

Column 3 –

Navigation Buttons – the following navigation buttons appear at the top of this column

- Lipids Master
- Lipids System Review
- Extremity Exam
- Eye Exam
- Cardio Exam
- Lifestyle Changes
- **Follow-up Document** – this document should be generated and given to the patient at each visit for lipid management.
- **Document** – this is the chart note for the Lipid Management Suite of Templates. It should be generated each time these templates are used.

Information – these are provider education document on the following subjects:

- Recommended Measures
- Tx Methods, New Evidence
- Brand, Generic Drug Names
- Comparison of Lipid Drugs
- Bile Acid Sequestrants
- Lipid Stains
- Fibric Acid Derivatives
- Zetia

- Niacin
- Omega-3 Fatty Acids
- Rolaxifene

Lipids Management Plan

Cholesterol

LDL

LDL-Remnant

Lp(a)

IDL

LDL Pattern B

VLDL

Triglycerides

HDL2

hsCRP

Summary of Orders

Medications

Continue Current Medications Choosing A Drug Interactions

Begin Increase Decrease to mg

Begin Increase Decrease

Begin Increase Decrease

Begin Increase Decrease

Double-click to Order Meds Brand Name

Assessment

Ordering Provider Holly James

CPK Dx1 Fredrickson type I Hyperlipoprotein Info

Lipid Panel w/LDL Dx2

Liver Panel (HFP) Dx3

VAP Dx4

Lipoproteins

hsCRP

Homocystiene

Triglycerides

Venipuncture

Submit Labs

Follow Up

Acute Routine

Navigation

Lipids Master

Lipids System Review

Extremity Exam

Eye Exam

Cardio Exam

Lifestyle Changes

Treatment Audit

Document

Follow Up Document

Information

Recommended Measures

Tx Methods, New Evidence

Brand, Generic Drug Names

Comparison of Lipid Drugs

Bile Acid Sequestrants

Lipid Statins

Fibric Acid Derivatives

Zetia

Niacin

Omega-3 Fatty Acids

Rolaxifene