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

STATUS STATUS	Home Phone	() - tient's Code Sta	Work Phon	ne () -		
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• NextGen's Main Tool Bar's Template Icon



- When the Template button is clicked you will be presented with the preference list.
- o 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.

Select Template	×
Medical Records	Demographics
Dm Hpt Labot Dm Hpt Lc Dm Hpt Plan Dm Hpt Prevent Dm Hpt Secd Dm Lipids Dm Lipids Drugs Dm Lipids Labtime Dm Lipids Lc	
Dm Lipids Plan Dm Metabolic Dm SynX Dm SynX Dlrfquiz Dm SynX Insulin	_
Show	<u>C</u> ategories 🥅
	OK Cancel

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:

Lipids Manager	nent Patient	RichmondPROL	Ztest	Navigation
SETMA's Lipid Philosophy	Age	35 Sex	M	C Lipids O General
ompliance	Most Recent Lab	e Goals I	Diek Factore	Home
	Charle for h		Coronary Heart Disease	Lipids System Review
Last Lipid	Check for h		MI (Heart Attack)	Extremity Exam
Last Liver Panel	Cholesterol		I_ Angina	Eye Exam
Height inch	ies HDL2		Non-Coronary Atherosclerosis	Cauda Euror
vVeight pou	nds HDL3		Peripheral Artery Disease	
BMI	Cholesterol/HDI		📃 Cerebrovascular Disease	Lifestyle Changes
Body Fat %	Triglycerides	11	Aortic Aneurysm	Lipids Plan
BMR cal/	day Trig/HDL		Fram. CVD 10-Year Risk %	
Protein Req gram	ns/day Chylomicrons + [Fram. Stroke 10-Year Risk 0	
vVaist inch	ies CPK	11	Global Cardio Risk .0	Lipoprotein Metabolism
Blood Pressure	Lp(a)			Summary of Lipid Studies
/ mmHg	LDL	11	Female Age > 55	Lipoproteins
/ mmHg	<u>IDL</u>		Hypertension > 140/90	Significance
mmHg	VLDL		Blood Pressure Medications	Composition
Diabetes Mellitus 🛛 + 🔿 - (LDL-Remnant		Smoking	Classification
Metabolic Syndrome + O - (C Pattern A	Info	HDL Male < 40	Hyperlipoproteinemias
Fradrickson Classification	Pattern A/B		Female < 50	Hypolipoproteinemias
Assess from Labs	Homocystiene		FHx Premature HD	VLDLs
	hsCRP		Male First Degree < 55	IDLs
	Apo A1		Female First Degree < 65	LDLs
Help Info	Apo B		Assessment Update	HDLs
	Apo E2		lower LDL to below 70.	LDL Receptors
Last Updated/Reviewed	Apo E4		Last Updated/Reviewed	Chylomicrons
11	Lab:	s Over Time		Chylomicrons and Triglycerides
			See	ondary 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 responses 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 (Patter 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 my b due to the ability of omega-3 fatty acids to shift LDL particles from dense to forms."

Lipids M	Patient RichmondPROI Ztest	Navigation Lipids C Gene	eral
SETMA's	Lipid Philosophy Age 35 Sex W	Home	
Compliance	Dm Linids Goals	X	iew
Last Lipid Last CRP Last Liver Papel	SETMA's Lipid Management Philosophy		
Height Veight BMI Body Fat BMR	The treatment of lipids has become more complex in that half of all patients who have heart attacks have "normal" and only 25% of patients with premature coronary artery disease have abnormal LDL levels. Premature CAD is no fact 25% of acute myocardial infarctions in community hospitals occurs in men under 55 and women under 65. In these patients had LDL cholesterol <130. Also, 80% of patients who had an event in the Framingham study had o identical to the population that was event free.	cholesterol of rare, in fact, 58% of rdinary lipids	25
Protein Req	This is why SETMA's lipid clinic will evaluate patients for other lipid particles including:		
Waist	* Lp(a) which is ten times more atherogenic than R-LDL (Real LDL). Lp(a) is unresponsive to statins but resp	onses	olism
Blood Pressure	well to niacin, fenofibrate or estrogen/raloxifene. * IDL (Intermediate Density Lipoproteins) is also more atherogenic than R-LDL and is "statin-resistant," often restatin plus niacin for treatment.	equiring	tudies
Diabetes Mellitus Metaboilo Syndro	* The density (size) of the LDL particles is also very important in treatment. Small, dense LDL particles are mu atherogenic because they slip through the coronary endothelial wall more easily and deposit their cholesterc and are more easily oxidized. Small, dense LDL occurs in 40-50% of patients with CAD. Dense LDL (Pattern associated with a 4 fold increased risk for CAD and a 6.9 fold risk for myocardial infarction. By contrast, ev high total cholesterol and total LDL are associated with only a 2 fold increase in risk for CAD.	ich more Il burden, n B) is ren very	mias
	* Conversion from dense LDL (Pattern B) to buoyant LDL (Pattern A), with large particles) accounts for up to the regression of atherosclerosis in many studies.	50% of	
Olli Or Help	* Dense LDL is amenable to treatment with niacin, fenofibrate, the insulin receptor sensitizing glitazones and o fatty acids/fish oils.	mega-3	
Last Updated/Re	* The use of fish oils reduces risk of cardiac death and nonfatal MI in both high risk and low risk men and won this may be due to the ability of omega-3 fatty acids to shift LDL particles from dense to buoyant forms.	nen and	5
	······		lycerides
			normal Lipids
		rypercholesterol	emia
	1	Hypocholesterole	emia
		Low HDL	
		Hypertriglyceride	mia

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

- Last Lipid 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.

SETMA's Lipid Philosophy	B (10)		I inids C General
	Age 35 Sex M		Home
Compliance	Most Recent Labs Goals	Risk Factors	Linids System Review
Last Lipid	Check for New Labs	Coronary Heart Disease	
Last CRP	Cholesterol 11		Extremity Exam
Last Liver Panel //	HDL //	CABG	Eye Exam
Height inches	HDL 2	Non-Coronary Atherosclerosis	Cardio Exam
Weight pounds	HDL 3	🦳 Peripheral Artery Disease	
BMI	Cholesterol/HDL	Cerebrovascular Disease	Lifestyle Changes
Body Fat %	Triglycerides		Lipids Plan
BMR cal/day	Trig/HDL	Fram. CVD 10-Year Risk	
Protein Req grams/day	Chylomicrons +	Fram. Stroke 10-Year Risk	
VVaist I inches	СРК //	Global Cardio Risk .0	Lipoprotein Metabolism
Blood Pressure		-	Summary of Lipid Studies
mmHg		Female Age > 55	Lipoproteins
mmHg		Hypertension > 140/90	Significance
/ mmHg		Blood Pressure Medications	Composition
Diabetes Mellitus 🛛 + 🔿 - 💿		HDI	Classification
Metabolic Syndrome + C - C	Pattern A	Male < 40	Hyperlipoproteinemias
Fredrickson Classification	Pattern A/B	Female < 50	Hypolipoproteinemias
Assess from Labs	Homocystiene	FHx Premature HD	VLDLs
	hsCRP //	Male First Degree < 55	IDLs
	Apo A1	Female First Degree < 65	LDLs
Help Info	Apo B	Assessment Update	HDLs
	Apo E2	lower I DI to below 70.	LDL Receptors
	Apo E4	Last Updated/Reviewed	Chylomicrons
	Labs Over Time		Chylomicrons and Triglycerides
		Sec	ondary Causes of Abnormal Lipic
			Hypercholesterolemia
			Hypocholesterolemia
			Low HDL
			Hypertriglyceridemia

Vital Signs

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





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

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.



/ /	wea	WHO Diagnostic Criteria	ATP III Diagnostic Criteria	Return
Triglycerides	mg/dL	>= 150 mg/dL	>= 150 mg/dL	
Central Obesity	1			
vVaist	inches	Ratio	vVaist	
Hip	inches	Men > 0.90	Men > 40 inches	Minor Features
Ratio		vVomen > 0.85	Women > 35 inches	Pro-inflammatory State: Increased CRP Polycystic Ovarian Syndrome
BM	mg/m*2	BMI > 30		Coronary Heart Disease
Blood Pressure	1			Small, dense LDL particle size
	mmHa	> 140/90 mmHa	> 130/85 mmHa	Hypercoagulability/Prothrombotic State: Increased fibrinogen and PAI-1.
		-		Vascular Endothelial Dysfunction: The inside of the artery doesn't work correctly.
Glucose Abormaities		Easting > 110 make	Factory 440 model	Microalbuminuria: The kidneys fail and allow protein to go into urine inappropriately
2 Hr GTT	- maidi	2 Hr GTT > 140 mg/dL	Passing # 110 mg/dL	
Diabetes C+G	-	Diabetes		
Insulin Resistance		insuin resistance		
HDL	mg/dL	Men < 35 mg/dL Women < 39 mg/dl	Men < 40 mg/dL	
Microalbuminuria		Tomari - oo mgroe	Tronner - So ingrou	
Alb/Creat	mg/g	> 30 mg/g	*	
Spot A/C	mg/dL,	> 2.9 mg/dL		

Fredrickson Classification



- 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. Atherogencicity.



	Fredrickson	Classification of	of Dyslipidemias	\$
Phenotype	Lipoprotein(s) Elevated	Serum Cholesterol Level	Serum Triglyceride Level	Atherogenicity
۰ ا	Chylomicrons	Normal to +	+++++	None Seen
C lla	LDL	++	Normal	Ш
O Ilb	LDL and VLDL	++	++	Ш
0 11	IDL	++	+++	Ш
O IV	VLDL	Normal to +	++	I
Οv	VLDL and Chylomicrons	Normal to +	****	1
	+ = mildly increase ++ = moderately inc +++ = severly incre ++++ = very sever	d != mild to preased !!! = sever eased ly increased	moderate atherogenicity e 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.

Fredri A:	<mark>ckson</mark> ssess f	Classifie rom Labs	ation
•	I O I	a 🔿 lib	_
0	n Or	v O v	-
(iiiii)	etpinal	Info	

Sam	SETMA II - 2500 Calder, Suite 100 SETMA II - 2500 Calder, Suite 200 SETMA II - 2500 Calder, Suite 200 SETMA Washington (400) 833-6707 WWW.Setma.com	
	Type I Hyperlipoproteinemia	
(Exogenou	ıs Hypertriglyceridemia; Familial Fat-Induced Lipemia; Hyperchylomicronemia)	
A relatively rare inherited deficiency of to effectively remove or "clear" chylomi	either lipoprotein lipase activity or the lipase-activating protein apo C-II, causing an inability icrons and VLDL triglycerides from the blood.	
Symptoms, Signs, and Diagnosis		
This disease is manifested in children (deposits of fat (eruptive xanthomas), e hepatosplenomegaly. Symptoms and chylomicrons.	or young adults by pancreatitis-like abdominal pains; pinkish yellow papular cutaneous specially over pressure points and extensor surfaces; lipernia retinalis; and signs are exacerbated by increased dietary fat that accumulates in the circulation as	
Spectacular plasma triglyceride levels lactescence, accumulate as a floating overlying an otherwise clear plasma is IV heparin (post-heparin lipolytic activity elevated.	cause marked lactescence of plasma. Chylomicrons, which refract light and produce cream layer in a plasma sample refrigerated overnight at 4°C (39.2°F). This cream layer often diagnostic, as is the failure of the lipoprotein lipase activity to increase after injection of y). If the plasma beneath the cream layer is turbid, then VLDL triglycerides are also	
Prognosis and Treatment		
The goal is to reduce circulating chylor pain that recurs during periods of fat in hypertriglyceridemia is promoted by in all common sources of fat is effective. (chain (C12 or less) triglycerides a day, and pass directly through the portal sy atherosclerosis.	nicrons to avoid episodes of acute pancreatitis, which is the principal sequela. Abdominal dulgence may be marked by severe and sometimes fatal hemorrhagic pancreatitis. Since gesting fat, whether saturated, unsaturated, or polyunsaturated, a diet markedly restricted in Calories can be supplemented and palatability enhanced by using 20 to 40 g of medium These fatty acids are not transported via chylomicron formation, but are bound to albumin stem to the liver. There is no evidence that type I hyperlipoproteinemia predisposes to	

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.



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.



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 Ma	nagemer	t Patient RichmondPRC	DI Ztest	Navigation
SETMA's Lipic	l Philosophy	Age 35 Se	× M	Return
Compliance		Most Recent Labs	Risk Factors	Lipids System Review
Last Lipid //		Check for New Labs	Coronary Heart Disease MI (Heart Attack)	Extremity Exam
Last CRP 177		Cholesterol //	Angina	Eve Even
Height	inches	HDL		Eye Exam
Moiabt	nounda	HDL 2	Non-Coronary Atheroscierosis	Cardio Exam
	pounds	HDL 3		Lifestyle Changes
Body Eat	~	Cholesterol/HDL	Aortic Aneurysm	
BMP		Triglycerides	Fram CVD 10-Year Risk	Lipids Plan
Divity Divity Divity Divity	Calluay	Trig/HDL	From Otratic 40 Man Dials	
Waist	grams/day		Olahal Cavia Biak	Lipoprotein Metabolism
Blood Pressure				Summary of Linid Studies
/			Male Age > 45	
	mmHa	IDL I	Female Age > 55	Significance
	n	VLDL	Blood Pressure Medications	Composition
		LDL-Remnant		Composition
Diabetes Mellitus	+ 0 - 0	Pattern A	HDL	Classification
Metaboilc Syndrome	+ 🖸 - 🔍	Pattern B Info	Male < 40	Hyperlipoproteinemias
Fredrickson Clas	sification	Pattern A/B	🦲 Female < 50	Hypolipoproteinemias
Assess from L	abs	Homocystiene //	FHx Premature HD	VLDLs
⊙ I O lla O	llb	hsCRP //	Male First Degree < 55	IDLs
	l v	Apo A1	Female First Degree < 65	LDLs
Help In	fo	Apo B	Assessment Update	HDLs
		Apo E2	Measures should be taken to lower 1 DL to below 70.	LDL Receptors
Last Updated/Review	ed	Apo E4	Last Updated/Reviewed	Chylomicrons
	12/01/2009	Labs Over Time		Chylomicrons and Triglycerides
			Se	condary Causes of Abnormal I
				Hypercholesterolemia
				Hypocholesterolemia
				Low HDL
				Hypertriglyceridemia



Chylomicrons

Chylomicrons transport dietary fat from gut to adipose tissue, liver and muscle cells. They have the heaviest mass of any lipidcontaining 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 modes postprandial rise in triglycerides. How in individuals where the clemance of hylomicrons from the circulation is delayed there may be a marked rise in triglyceride folk vince of ingesting the clemance of hylomicrons from the circulation is delayed there may be a

Chylomicrons are initial, secret Cho he interes Che ili and Che Chaphaic arcuntic Vener Solood vis 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
- Homocsyteine
- 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 Man	agemer	t Patient Richmon	IdPROI Zte	st	Navigation
SETMA's Lipid F	Philosophy	Age 33	Jex M	1	Return
Compliance		Most Recent Labs Goals		Risk Factors	Lipids System Review
Last Lipid //		Check for New Labs		MI (Heart Attack)	Enderson Buckers
Last CRP //		Cholesterol	11		Extremity Exam
Last Liver Panel		HDL	11	CABG	Eye Exam
Height	inches	HDL 2		Non-Coronary Atherosclerosis	Cardio Exam
vVeight	pounds	HDL 3		Peripheral Artery Disease	
BMI	<u> </u>	Cholesterol/HDL		Cerebrovascular Disease	Lifestyle Changes
Body Fat	%	Triglycerides	11	From CVD 40 X and Disk	Lipids Plan
BMR	cal/day	Trig/HDL		Fram. CVD 10-Year Risk	·
Protein Reg	grams/day	Chylomicrons +		Fram. Stroke 10-Year Risk	
VVaist I	Inches	CPK	11	Global Cardio Risk	Lipoprotein Metabolism
Blood Pressure	-	Lp(a)		Male Age > 45	Summary of Lipid Studies
	mmHg		11	☐ Female Age > 55	Lipoproteins
	mmHg			Hypertension > 140/90	Significance
	mmHg			Blood Pressure Medications	Composition
Diabetes Mellitus +	0.0	LDL-Remnant		I Smoking	Classification
Metaboilc Syndrome +	0.0	Pattern A		Male < 40	Hyperlipoproteinemias
	···			Female < 50	Hypolipoproteinemias
Assess from La	nication	Homocystiene	11	FHx Premature HD	VLDLs
• L C lla C	llh	hsCRP	11	🧾 Male First Degree < 55	IDLs
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Apo A1		Female First Degree < 65	LDLs
Help	·	Apo B		Assessment Update	HDLs
		Apo E2		Measures should be taken to lower LDL to below 70	LDL Receptors
Last Updated/Reviewed	1	Apo E4		Last Updated/Reviewed	Chylomicrons
12	20172009	Labs Over Tim	ie 🔤		Chylomicrons and Triglycerides
			_	S	econdary Causes of Abnormal Lip
					Hypercholesterolemia
					Hypocholesterolemia
					Low HDL
					Hypertriglyceridemia

Lipids Labs Over Time																	
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	АроВ	ApoE2	ApoE4
	85. 						80	9		8	80.				33	85	

*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 "<u>How to</u> <u>Navigate within NextGen</u>." 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 <u>SETMA's Intranet</u> and review the <u>Master GP Tutorial</u> 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 Manageme SETMA's Lipid Philosophy	Age 35 Sex 1	Ztest	Navigation
ampliance	Most Recent Labo G09/s	Dick Fastore	Return
	Check for New Loke	Coronary Heart Disease	Lipids System Review
Last Lipid ()	Check for New Labs	MI (Heart Attack)	Extremity Exam
	Cholesterol //	🔄 🔲 Angina	
Height	HDL III	CABG	Eye Exam
Aeight nounds	HDL 2	Non-Coronary Atheroscierosis	Cardio Exam
BMI	HDL 3	Cerebrovascular Disease	Lifestyle Changes
Body Eat %	Cholesterol/HDL I	Aortic Aneurysm	
BMR cal/day		Fram. CVD 10-Year Risk %	Lipids Plan
Protein Reg grams/	ay Chylomicrops +	Fram, Stroke 10-Year Risk	
Vaist inches	СРК //	Global Cardio Risk .0	Lipoprotein Metabolism
Blood Pressure	Lp(a)		Summary of Lipid Studies
/ mmHq	LDL //	— I Male Age > 45	Lipoproteins
/ mmHq	IDL IIII	Hypertension > 140/90	Significance
/ mmHq	<u>VLDL</u>	Blood Pressure Medications	Composition
Diabetes Mellitus + O - •	LDL-Remnant	Smoking	Classification
	Pattern A	HDL	Hyperlipoproteinemias
Verabolic Syndrome + C - C	Pattern B Info	I_ Male < 40	Hypolinoproteinemias
Fredrickson Classification	Pattern A/B	FHX Premature HD	VLDLe
Assess from Labs	Homocystiene	Male First Degree < 55	
	hscrep 77	Female First Degree < 65	
	Apo Al	Assessment Update	LDLS
Help Info	Apo E2	Measures should be taken to	HDLs
ast Updated/Reviewed	Apo E4	lower LDL to below 70.	LDL Receptors
12/01/2009	Lake Own Time	Last Updated/Reviewed	Chylomicrons
	Labs Over Time		Chylomicrons and Triglycerides
		Se	condary Causes of Abnormal I
			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 Managem	Patient RichmondPR	DI Ztest	Navigation
SETMA's Lipid Philosophy	Age 35 S	ex M	Return
Compliance	Most Recent Labs	Risk Factors	Lipids System Review
Last Lipid	Check for New Labs	MI (Heart Attack)	Evtremitu Even
Last CRP	Cholesterol //	Angina	
Last Liver Panel 77		CABG	Eye Exam
Height I inche	S HDL2	Non-Coronary Atherosclerosis	Cardio Exam
pouni pouni	^{AS} HDL3	Cerebrovascular Disease	Lifestyle Chapges
Body Est %	Cholesterol/HDL	Aortic Aneurysm	
BMR calida	Triglycerides	Fram, CVD 10-Year Risk	% Lipids Plan
Protein Reg gram	¹⁷ Trig/HDL	Fram Stroke 10-Vear Risk 0	
Waist Inche	S CPK	Clobal Cardio Risk	Lipoprotein Metabolism
Blood Pressure	Lp(a)		Summary of Lipid Studies
mmHa		I Male Age > 45 Espela Age > 55	Lipoproteins
/ mmHq	IDL IIII	Hypertension > 140/90	Significance
/ mmHq	<u>VLDL</u>	Blood Pressure Medications	Composition
Diabetes Mellitus + C - •	LDL-Remnant	Smoking	Classification
Metabolic Syndrome + C - C	Pattern A	HDL	Hyperlipoproteinemias
	Pattern B Into	Eemale < 50	Hypolipoproteinemias
Fredrickson Classification		FHx Premature HD	VLDLs
	hsCRP	🦳 📃 Male First Degree < 55	IDLs
	Apo A1	Female First Degree < 65	LDLs
	Apo B	Assessment Update	HDLs
	Apo E2	Measures should be taken to	LDL Receptors
Last Updated/Reviewed	Apo E4	lost Undeted Reviewed	Chylomicrons
12/01/2009	Labs Over Time		Chylomicrons and Triglycerides
		s s	econdary Causes of Abnormal Lin
			Hypercholesterolemia
			Hypocholesterolemia
			Low HDL
			Hypertriglyceridemia

• Framingham 10-year Stroke Risk



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



- 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. Cholesterol0. HDL0. Hgb A1C0. Systolic Blood Pressure0. Smoking

Lipids Man	nagemen	t Patient RichmondPROL	Ztest	Navigation
SETMA's Lipid F	Philosophy	Age US Sex		Return
Compliance		Most Recent Labs Goals	Risk Factors	Lipids System Review
Last Lipid //		Check for New Labs	MI (Heart Attack)	Extremity Exam
Last CRP		Cholesterol //	Angina	
Last Liver Panel   77		HDL //	CABG	Eye Exam
Height I		HDL 2	Non-Coronary Atherosclerosis	Cardio Exam
emi	pounds	HDL 3	Cerebrovascular Disease	Lifestyle Changes
Body Fat	~	Cholesterol/HDL	Aortic Aneurysm	
BMR	cal/day		Fram. CVD 10-Year Risk 9	6Lipids Plan
Protein Reg	grams/day	Chylomicrons +	Fram. Stroke 10-Year Risk	
Naist	inches	CPK	Global Cardio Risk	Lipoprotein Metabolism
Blood Pressure		Lp(a)		Summary of Lipid Studies
/	mmHq	LDL //	Eemale Age > 45	Lipoproteins
1	mmHg		Hypertension > 140/90	Significance
	mmHg	VLDL	Blood Pressure Medications	Composition
Diabetes Mellitus 🛛 🗃	0.0	LDL-Remnant		Classification
Metaboilc Syndrome	0.0	Pattern A	HUL	Hyperlipoproteinemias
		Pattern B Into	$\square$ Imale < 40	Hypolipoproteinemias
Assess from La	fication	Homocystiene	FHx Premature HD	VLDLs
• L O lla O	llh	hsCRP //	Male First Degree < 55	IDLs
	V	Apo A1	I Female First Degree < 65	LDLs
Help I Info		Apo B	Assessment Update	HDLs
		Apo E2	Measures should be taken to lower LDL to below 70	LDL Receptors
Last Updated/Reviewed		Apo E4	Last Updated Reviewed	Chylomicrons
12	2/01/2009	Labs Over Time		Chylomicrons and Triglycerides
			s	econdary Causes of Abnormal
				Hypercholesterolemia
				Hypocholesterolemia
				Low HDL
				Hypertriglyceridemia

Cardio Globalrisk	×
Global Cardiovascular Risk Score	
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 Import >> Systolic BP Sector Day	
Calculate >>       .0       points         A Global Cardiovascular Risk Score below 4 is desirable. Above 4, the patient is at increased risk of a cardiovascular event.         Complete Formula         Cholesterol       + (HgbA1C - 7.0)       + Systolic BP - 130       + Packs Per Day         HDL       OK       Cancel	

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 <u>LESS</u> <u>Initiative</u> 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 Manage	ment Patient RichmondPR	ROL Ztest	Navigation
SETMA's Lipid Philosop	hy Age 35 S	ex M	Return
npliance	Most Recent Labs Goals	Risk Factors	Lipids System Review
ast Lipid //	Check for New Labs	MI (Heart Attack)	Extremity Exam
ast CRP 177	Cholesterol //	Angina	Extremity Exam
ast Liver Panel   77	HDL //		Eye Exam
aight I ind	thes HDL2	Non-Coronary Atherosclerosis	Cardio Exam
eight I po	HDL3	Cerebrovescular Disease	Lifestule Chapman
	Cholesterol/HDL		Ellestyle changes
uyral 1 %	Triglycerides	Fram CVD 10-Vear Risk	Lipids Plan
atoin Rog	ama y <u>Trig/HDL</u>	Free Obeles 40 Mary Disk	
aist in	chylomicrons + J - J	Fram. stroke Tu-Year Risk	Linonrotein Metaboliem
nod Pressure		Giobal Cardio Risk	Summary of Linid Studies
(		Male Age > 45	
		Female Age > 55	Significance
	VIDI	Blood Pressure Medications	Significance
	- LDL-Remnant	Smoking	Composition
abetes Mellitus + O -	Pattern A	HDL	Classification
<u>staboilc Syndrome</u> + O -	C Pattern B Info	Male < 40	Hyperlipoproteinemias
Fredrickson Classification	n 🔽 Pattern A/B	🔲 Female < 50	Hypolipoproteinemias
Assess from Labs	Homocystiene	FHx Premature HD	VLDLs
. Olla Ollb	hsCRP //	Expole First Degree < 55	IDLs
	Apo A1		LDLs
Help I Info I	Apo B	Assessment Update	HDLs
	Apo E2	Strong measures should be taken to lower LDL to below 70	LDL Receptors
st Updated/Reviewed	Apo E4	Last Lindsted Reviewed	Chylomicrons
12/01/200	9 Labs Over Time		Chylomicrons and Triglycerides
		Se	condary Causes of Abnormal
			Hypercholesterolemia
			Hypocholesterolemia
			Low HDL

• 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.

Lipius managen	Age 35 Sex		
SETMA's Lipid Philosophy			Return
ompliance	Most Recent Labs Goals	Risk Factors	Lipids System Review
Last Lipid //	Check for New Labs	MI (Heart Attack)	Extremity Exam
ast Liver Panel	Cholesterol 11		Eve Even
leight inche	s upu a	Non-Coronary Atherosclerosis	Lye Lyan
Veight poun		Peripheral Artery Disease	Cardio Exam
MI	Chalastana MIDI	Cerebrovascular Disease	Lifestyle Changes
ody Fat 🛛 %		Aortic Aneurysm	Linide Plan
MR cal/da	ay Tria/HDI	Fram. CVD 10-Year Risk	6
rotein Req 📃 🔤 gram	s/day Chylomicrons +	Fram. Stroke 10-Year Risk 0	
/aist inche	s <u>CPK</u> //	Global Cardio Risk .0	Lipoprotein Metabolism
lood Pressure	Lp(a)		Summary of Lipid Studies
/ mmHg		Female Age > 55	Lipoproteins
/ mmHg		Hypertension > 140/90	Significance
/ mmHg	VLDL	Blood Pressure Medications	Composition
iabetes Mellitus 🛛 + 🔿 - 🗿	LDL-Remnant	Smoking	Classification
letabolic Syndrome + O - O	Pattern A	HUL	Hyperlipoproteinemias
		Female < 50	Hypolipoproteinemias
Fredrickson Classification		FHx Premature HD	VLDLs
• C la C lb	hsCRP //	Male First Degree < 55	IDLS
	Apo A1	I_ Female First Degree < 65	LDLs
Help I Info I	Apo B	Assessment Update	HDLs
	Apo E2	Strong measures should be taken to lower LDL to below 70	LDL Receptors
ast Updated/Reviewed	Apo E4	Last Updated/Reviewed	Chylomicrons
12/01/2003	Labs Over Time		Chylomicrons and Triglycerides
Assessment	Indata	s	econdary Causes of Abnormal
Assessment	pouro		Hypercholesterolemia
Strong measure	e chould be		Hypocholesterolemia
su ong measure	a autorite ne		Low HDL
taken to lower L	DI to below 70		Hupertrigluceridemia

#### 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 though **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 <u>Master GP Suite of Templates tutorial</u> 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 Manage	ment Patient RichmondPR	OI Ztest	Navigation
SETMA's Lipid Philosoph	NY Age 35 Se	ex M	Return
mpliance	Most Recent Labs Goals	Risk Factors	Lipids System Review
ast Lipid //	Check for New Labs	MI (Heart Attack)	Extremity Exam
ast Liver Panel //	Cholesterol 11		Eve Exam
eight inc	hes HDL 2	Non-Coronary Atherosclerosis	Cardio Exam
/eight pou	unds HDL 3	Peripheral Artery Disease	Cardio Exam
vii	Cholesterol/HDL	Cerebrovascular Disease	Lifestyle Changes
odyFat 🦾 %	Triglycerides //	Aortic Aneurysm	Lipids Plan
MR cal	/day Trig/HDL	Fram. CVD 10-Year Risk	
rotein Req gra	ams/day <u>Chylomicrons</u> + 🗌 - 🔲	Fram. Stroke 10-Year Risk 0	
aist inc	hes CPK	Global Cardio Risk .0	Lipoprotein Metabolism
ood Pressure	Lp(a)		Summary of Lipid Studies
/ mmHq		Female Age > 55	Lipoproteins
/ mmHg		Hypertension > 140/90	Significance
/ mmHg	VLDL	Blood Pressure Medications	Composition
abetes Mellitus + C -	C LDL-Remnant	Smoking	Classification
etaboilc Syndrome + 🔘 -	Pattern A	HDL	Hyperlipoproteinemias
Fradrickson Classification		Female < 50	Hypolipoproteinemias
Assess from Labs	Homocystiene //	FHx Premature HD	VLDLs
	hsCRP //	Male First Degree < 55	IDLs
	Apo A1	Female First Degree < 65	LDLs
Help Info	Apo B	Assessment Update	HDLs
et Lindeted/Reusiewood	Apo E2	taken to lower LDL to below 70.	LDL Receptors
		, Last Updated/Reviewed	Chylomicrons
12/01/2000	Labs Over Time		Chylomicrons and Triglycerides
		Se	condary Causes of Abnormal L
			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 Managemer	Age 35 Sex M	test	Havigation
	and a second sec		Return
	Most Recent Labs Goals	Coronary Heart Disease	Lipids System Review
	Check for New Labs	_ MI (Heart Attack)	Extremity Exam
Last Liver Panel //	Cholesterol f f	_ Angina	Eve Even
Height inches		Non-Coronary Atherosclerosis	Lyc Lxam
vVeight pounds	HDL3	Peripheral Artery Disease	Cardio Exam
BMI		🗖 Cerebrovascular Disease	Lifestyle Changes
Body Fat %	Tridvcerides //	Aortic Aneurysm	Linids Plan
BMR cal/day	Trig/HDL	Fram. CVD 10-Year Risk	
Protein Req grams/day	Chylomicrons + 🗖 - 🗖	Fram. Stroke 10-Year Risk	
vVaist inches	СРК //	Global Cardio Risk .0	Lipoprotein Metabolism
Blood Pressure	Lp(a)	- Male Are > 45	Summary of Lipid Studies
mmHg	LDL //	Female Age > 55	Lipoproteins
mmHg	IDL	Hypertension > 140/90	Significance
mmHg	VLDL	Blood Pressure Medications	Composition
Diabetes Mellitus 🛛 + 🔘 - 💽	LDL-Remnant	Smoking	Classification
Metaboilc Syndrome + O - O	Pattern A	HUL Male < 40	Hyperlipoproteinemias
Fredrickeen Classification	Pattern A/B	Female < 50	Hypolipoproteinemias
Assess from Labs	Homocystiene	FHx Premature HD	VLDLs
●I ○ lla ○ llb	hsCRP //	Male First Degree < 55	IDLs
	Apo A1	remaie rirst Degree < 65	LDLs
Help Info	Apo B	Assessmentopdate	HDLs
	Apo E2	taken to lower LDL to below 70.	LDL Receptors
12/01/2009	AD0 24	Last Updated/Reviewed	Chylomicrons
12/01/2005	* Labs Over Time		Chylomicrons and Triglycerides
		Seco	ondary 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 Manageme	nt Patient RichmondPROI	Ztest	Navigation
SETMA's Lipid Philosophy	Age 35 Sex		Return
compliance	Most Recent Labs Goals	Risk Factors	Lipids System Review
Last Lipid //	Check for New Labs	MI (Heart Attack)	Extremity Exam
Last CRP 177	Cholesterol //	Angina	
Height inches			Eye Exam
Meight nounde	HDL 2	Non-Coronary Atheroscierosis	Cardio Exam
BMI	HDL 3		Lifestyle Changes
Body Est %	Cholesterol/HDL	Aortic Aneurysm	
BMR cal/day	Triglycerides	Fram, CVD 10-Year Risk	Lipids Plan
Protein Reg grams/da	Iriq/HDL	Fram Stroke 10-Vear Risk 0	
Waist inches		Clobel Cardio Risk	Lipoprotein Metabolism
Blood Pressure	Lp(a)		Summary of Lipid Studies
/ mmHq		I Male Age > 45	Lipoproteins
/ mmHg	IDL .	Hypertension > 140/90	Significance
/ mmHg	VLDL	Blood Pressure Medications	Composition
Diabetes Mellitus + O - O	LDL-Remnant	Smoking	Classification
Metabolic Syndrome + C - C	Pattern A	HDL	Hyperlipoproteinemias
	Pattern B Info	I_ Male < 40 □ Female < 50	Hypolipoproteinemias
Fredrickson Classification	Pattern A/B	FHx Premature HD	VIDIS
Assess from Labs	homocystiene ///	Male First Degree < 55	DI s
	Ano A1	🥅 Female First Degree < 65	LDLs
	Apo B	Assessment Update	LDLS
Help Info	Apo E2	Strong measures should be	
Last Updated/Reviewed	Apo E4	taken to lower LDL to below 70.	LUL Receptors
12/01/2009	· Lahs Over Time	Last Updated/Reviewed	Chylomicrons
	Labs over time	11	Chylomicrons and Triglycerides
		See	condary Causes of Abnormal
			Hypercholesterolemia
			Hypocholesterolemia
			Low HDL
			Hypertriglyceridemia

This template is organized into three columns.





#### 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

Recommended Actions	Patient Information (Automatically Prints)
Diets  High Soluble Fiber  Low Carbohydrate  Low Cholesterol  Low Fat Low Trans Fat No Sugar V/eight Loss S5 & Calories from Fat  Weight Loss Initiative BMR Cal/day	Alcohol and Lipids
	BMR Changing It
	Dining Out
	Dyslipidemia and Inactivity
	Exercise and Weight Loss
	Foods to Eat, Avoid
	Inactivity and Cholesterol
Exercise Prescription	Step I, II Diets and Fiber
Recommend CPET	Step I, Il Diets - Description
Change Dietary Habits	Training Intensity and Linids

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

3. 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.
3. 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.

**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.



#### **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.
| Red = Required Field                               | Exercise Assessmei                                                                                                                                                                 | nt                                     | . Det                                                      |                                                         | 1                                                     |
|----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------|
| Current Exercise Activity                          |                                                                                                                                                                                    |                                        | Reu                                                        | um                                                      |                                                       |
| Running/Walking/Jogging C                          | alories Outdoor Cycling                                                                                                                                                            | Swimming                               | Print Exe                                                  | rcise Rx                                                |                                                       |
| Distance in Miles Minutes Exercised                | Distance in Miles<br>Minutes Exercised                                                                                                                                             | Distance in Yards<br>Minutes Exercised | Help Infe<br>(Automatic                                    | ormation<br>cally Prints)                               | 1                                                     |
| Times per Week                                     | Aerobic Units                                                                                                                                                                      | Aerobic Units                          | A Health                                                   | y Woman                                                 |                                                       |
|                                                    | Charlen and Calendaria                                                                                                                                                             | Charlen and a colorida                 | Any Exercise E                                             | letter than No                                          | one                                                   |
| Clear/Reset Calculate                              | Clear/Reset                                                                                                                                                                        | Clear/Reset Calculate                  | BMR C                                                      | hanging It                                              |                                                       |
| Units per Session                                  |                                                                                                                                                                                    |                                        | BMR Inf                                                    | ormation                                                |                                                       |
| Units per Week                                     |                                                                                                                                                                                    |                                        | Body, Mind, a                                              | and Emotions                                            | 5                                                     |
| Tennis                                             | Rowing                                                                                                                                                                             | Golf                                   | Exercise and                                               | Weight Los:                                             | s                                                     |
| C Singles C Doubles                                | Rate of 20 strokes per minute                                                                                                                                                      | Walking and Carrying Bag               | Fitness                                                    | and Fat                                                 |                                                       |
| Minutes Exercised                                  | Minutes Exercised                                                                                                                                                                  | Holes Played                           | Getting                                                    | Started                                                 |                                                       |
| Aerobic Units                                      | Aerobic Units                                                                                                                                                                      | Aerobic Units                          | Getting Sta                                                | arted Part II                                           |                                                       |
| Clear/Reset Calculate                              | Clear/Reset Calculate                                                                                                                                                              | Clear/Reset Calculate                  | Getting Sta                                                | arted Part III                                          |                                                       |
|                                                    |                                                                                                                                                                                    |                                        | Training f                                                 | or Health                                               |                                                       |
| Evercise Prescription                              |                                                                                                                                                                                    |                                        | Women and H                                                | leart Diseas                                            | e                                                     |
| C Running/Walking/Jogging<br>C Outdoor Cycling     |                                                                                                                                                                                    |                                        | Weekly Reco<br>Fitness Classification                      | mmendatio<br>Men                                        | ons<br>Women                                          |
| C Swimming<br>C Tennis<br>C Rowing                 |                                                                                                                                                                                    |                                        | Very Poor<br>Poor<br>Fair<br>Good<br>Excellent<br>Superior | less than 10<br>10-20<br>21-31<br>32-50<br>51-74<br>75+ | less than 3<br>8-15<br>16-26<br>27-40<br>41-64<br>65+ |
| Target Heart<br>Resting H<br>Max Hear<br>Heart Rat | Rate<br>Heart Rate Target Heart<br>In Rate Landon Landon Landon<br>Ite Reserve Landon L | Rate Range to bpm                      | *                                                          |                                                         |                                                       |

• **Recommended CPET** – Cardiopulomary 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.

Lifes	tyle Changes	
	Goals	Navigation
Recommended Actions	Patient Information	Lipids Master
Diets	(Automatically Prints)	Lipids System Review
High Soluble Fiber	Alcohol and Lipids	Extremity Exam
Low Carbohydrate	BMR Changing It	Eye Exam
Low Fat	Dining Out	Cardio Exam
No Sugar	Dyslipidemia and Inactivity	Lipids Plan
35 % Calories from Fat	Exercise and Weight Loss	
Weight Loss Initiative	Foods to Eat, Avoid	
<ul> <li>Exercise Prescription <ul> <li>Recommend CPET</li> <li>Change Dietary Habits</li> <li>Smoking Cessation Email</li> </ul> </li> <li>Creating an Electronic Tickler File <ul> <li>Open Microsoft Outlook by clicking on the e-mail bu</li> <li>Address the e-mail to your unit clerk, your nurse at</li> <li>Click on the "options" button at the top, right of the identity options" on the "options" pop-up</li> <li>Click on "do not deliver before"</li> <li>Select a date, preferably a Monday, one month her</li> <li>Close the "option" pop-up</li> <li>Send your e-mail, its delivery will be delayed for or</li> <li>The unit clerk will be responsible for calling th they haven't admonish them. If they fail to quit them from the program.</li> </ul></li></ul>	Use the link on the right-hand side of the template to an CK CK	dd a referral for CPET. s and you own desktop. gratulate them; if ven to removing

• 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.



*NOTE:* When this template is completed it will provide a risk score for the potential of inflammation in the body.

#### Quiz Cur Eating

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 that 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 C	Cessation Last Ches	t X-Ray	
Patient currently smokes? Check here if patient has Pipe? Smokeless Tobacco? Date stopped smoking? Packs per day?	OYes ONo quitt! □ OYes ONo OYes ONo III Years? □	Patient exposed to second hand smoke at home or work? Has the patient committed to quit? On what date did they commit? What is the goal stop date?	© Yes © No © Yes © No 11	Return Pharmacotherapy Document
Ask 🗌 At e Patienee	every visit, ask all patients : ents who have never used id repeated assessments.	about tobacco use, and document their I tobacco or who stopped using it year	response. Is ago do not	Information General Information Process of Quitting Smokin
Advise 🗌 Let to q	patients know, in a clear, s juit. Men who smoke c Women smokers I	strong, and personalized manner, that y ut their lives short by 13.2 years ose 14.5 years of life	you urge them	Second Hand Smoke
Assess 🔲 Find	l out whether patients are	willing to quit now or at least within the	e next 30 days.	
Assist Help	patients plan to quit by setting a date reviewing past attempts to providing practical counse scribe pharmacotherapy. vide educational materials (	anticipating challenges sur quit <u>nicotine withdrawal sympl</u> ling urging total abstinence on smoking cessation.	ch as toms	
Arrange Follow-Up 🔲 Smo wei	okers trying to quit are at hi eks after the quit date. Foll <u>Email Tickler File</u> Sche	gh risk of relapse, particularly during th ow up in person or by telephone during duled Date? 12/30/2009	ne first 2 githis time.	

- 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:

Recomme	ended Actions	Patient Information	Lipids Master
Diets		(Automatically Prints)	Lipids System Review
	m Lipids Lcgoal		×
Ē		Recommended Lifestyle Change	s
	Whether treating, lipid ab syndrome, lifestyle chan	pnormalities, diabetes mellitus, insulin resistance, obesity, hypertensi iges are imperative for successful results and for long-term health b	on or a full blown metabolic enefits. These changes include:
	Dietary		
Weight Blv	Typically this is interp foods eaten are as ir foods, and a diet low to the improvement ir	preted as meaning dieting but it is far more than that. Calorie modera mportant as the total daily calorie count. A diet high in soluble fiber a v in processed foods with preservatives, trans fats, added salt and n all of these conditions.	ation is important but the type of and fruits, vegetables and whole sugar, will contribute significantly
Exer	Exercise		
Reco	Including strengtheni raise the HDL as high of excessive abdomi Increasing the hearts	ing, balance, stretching and aerobic condition are imperative for the h or as effectively as consistent, vigorous aerobic conditioning. We inal fat is an important aspect of exercise but cardiopulmonary cond s ability to utilize oxygen is the gold-standard goal.	treatment of lipids. Nothing will ight reduction and the elimination litioning is the critical aspect.
🗖 Smo	Smoking Cessation		
	if a person continues health consequences	s to smoke, all of the medications, antioxidants, diets and exercise w s of smoking.	vill not counteract the negative
eating an Elect )pen Microsoft (	The principle reason for f life-style modifications, a With lifestyle changes, p	treating lipid abnormalities is to prevent atherosclerotic cardiovascul a patient can lower the lipids but will not achieving the maximally des rermanent benefit in health, longevity and well being can be achieved	lar disease. Without significant ired health benefits and goals. d and maintained.
Click on the "optic "ind "delivery opt Click on "do not c		OK	
Select a date, pre	, ,,		

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.

**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





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.

Recommended Actions	Patient Information (Automatically Prints)
Diets	Alcohol and Lipids
Low Carbohydrate	BMR Changing It
Low Fat	Dining Out
No Sugar	Dyslipidemia and Inactivity
I <u>Weight Loss</u> 35 % Calories from Fat	Exercise and Weight Los
Weight Loss Initiative	Foods to Eat, Avoid
BMR cal/day	Inactivity and Cholestero
Exercise Prescription	Step I, II Diets and Fiber
Recommend CPET	Step I, II Diets - Descriptio
Change Dietary Habits	Training Intensity and Lipid
Smoking Cessation Email	Turne deba and U.D.

Navigation
Lipids Master
ipids 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	Navigation Lipids Master
Cholesterol	Medications	Lipids System Review
LDL	Continue Current Medications Choosing A Drug Interactions	Explane Crystellin Content
LDL-Remnant	C Begin C Increase C Decrease to mg	Extremity Exam
Lp(a)	O Begin O Increase O Decrease	Eye Exam
IDL	O Begin O Increase O Decrease	Cardio Exam
LDL Pattern B	O Begin O Increase O Decrease	Lifestyle Changes
VLDL	Double-click to Order Meds Brand Name	Treatment Audit
Triglycerides		Document
HDL2	Laboratory	Follow Up Document
hsCRP	Ordering Provider Holly James	
Summary of Orders	CPK     Dx1     Fredrickson type I Hyperlipoproteir     Lipid Panel w/LDL	Information
	Liver Panel (HFP)	Recommended Measures
		Tx Methods, New Evidence
	Lipoproteins Dx4	Brand, Generic Drug Names
	Submit Labs	Comparison of Lipid Drugs
	Trialucerides	Bile Acid Sequestrants
		Lipid Statins
		Fibric Acid Derivatives
		Zetia
	Follow Up	Niacin
	Acute Routine	Omega-3 Fatty Acids
		Rolaxifene

## 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:

Cholesterol LDL LDL-Remnant Lp(a) IDL LDL Pattern B VLDL Triglycerides HDL2 hsCRP	Lipids Management Plan         Medications         Continue Current Medications       Choosing A Drug         Begin       Increase         Begin       Incre	Havigation         Lipids Master         Lipids System Review         Extremity Exam         Eye Exam         Cardio Exam         Lifestyle Changes         Treatment Audit         Document         Follow Up Document
Summary of Orders	Lipid Panel w/LDL   Liver Panel (HFP)   VAP   VAP   Lipoproteins   hsCRP   Submit Labs     Homocystiene   Triglycerides   Venipuncture     Follow Up   Routine	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

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

		Lipids Dru	ug Selection	۱		
	LDL	HDL	Triglycerides	Cholesterol		
Hand Chardian Davas		ea			Non HDL-C	
Usual Starting Dose						Return
Lipitor 10						
Dravachol 40		0	0		0	
Meyacor 40						
Lescol XI 80	Lin I		L.	Lõ –	Line Line Line Line Line Line Line Line	Double-Click to Order Meds
Crestor 10	lõ –	ŏ	l o	lõ –	lo l	Brand Name
All Doses		Ľ	Ľ	Ľ		
Zocor 10			0			C
Zocor 20	lo l	lo l	ō	li li	lo l	
Zocor 40	l o	0	0	lo l	0	
Zocor 80	0	0	0	0	0	
Lipitor 10	0	0	0	0	0	
Lipitor 20	0	0	0	0	0	
Lipitor 40	0	0	0	0	0	
Lipitor 80	0	0	0	0	0	
Pravachol 20	0	0	0	0	0	
Pravachol 40	0	0	0	0	0	
Pravachol 80	0	0	0	0	0	
Mevacor 20	0	0	0	0	0	
Mevacor 40	0	0	0	0	0	
Mevacor 80	0	0	0	0	0	
Lescol XL 80	0	0	0	0	0	
Crestor 5	0	0	0	0	0	
Crestor 10	0	0	0	0	0	
Crestor 20	0	0	0	0	0	
Crestor 40						
Vytorin 10/10						
Vytorin 10/20		0				
Vytorin 10/40						
Non-Statin Monothera	ру					
Zetia 10 mg/day	0	0	0	0	0	
WelChol 6/day		0	0	0	0	
Tricor 160 mg/d	0	0	0	0	0	
Niaspan 1.5 gm/d	0	0	0	0	0	

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

		Lipids Dru	ug Selection	n		
	LDL	HDL	Triglycerides	Cholesterol		
Usual Starting Dose Zocor 20					Non HDL-C	Return
Lipitor 10 Prevechol 40	0	0	0	0	0	
Mevacor 40	0	0	0	0	0	Double-Click to Order Meds
Lescol XL 80 Crestor 10	0	0	0	0	0	Brand Name
All Doses						
Zocor 10	0	0	0	0	0	
Zocor 20						
Zocor 40 Zocor 80						
Lipitor 10	lo l	0	0	0	0	
Lipitor 20	0	0	0	0	0	
Lipitor 40	0	0	0	0	0	
Lipitor 80	0	0	0	0	0	
Pravachol 20						
Pravachol 40 Drougobol 90						
Meyacor 20						
Mevacor 40	Ō	0	ō	0	ō	
Mevacor 80	0	0	0	0	0	
Lescol XL 80	0	0	0	0	0	
Crestor 5	0	0	0	0	0	
Crestor 10		0	0	0		
Crestor 20						
Vytorip 10/10		0				
Vytorin 10/20	lo l	lo lo		lo l	lo lo	
Vytorin 10/40	0	0	0	0	0	
Vytorin 10/80	0	0	0	0	0	
Non-Statin Monotherapy						
Zetia 10 mg/day	0	0	0	0	0	
WelChol 6/day	0	0	0	0	0	
Tricor 160 mg/d		0	0			
Niaspan 1.5 gm/u		U				

- 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.

		_ipids Dr	ug Selection	i i i i i i i i i i i i i i i i i i i		
	LDL	HDL	Triglycerides	Cholesterol		
					Non HDL-C	
Usual Starting Dose						Return
Zocor 20						
Lipitor 10						
Pravachol 40						
Mevacor 40						Double-Click to Order Meds
Lescol XL 80						
Crestor 10						Brand Name
All Doses						
Zocor 10						
Zocor 20						· · · · · · · · · · · · · · · · · · ·
Zocor 40						
Zocor 80						
Lipitor 10						
Lipitor 20			0			
Liptor 40						
Liptor 80 December 20						
Pravachol 20						
Pravachol 40						
Pravacnoi ou						
Meyecor 20						
Meyecor 90	b d					
Loosel VI 90						
Creator 5						
Creator 10	lo l		0	lõ –		
Crestor 20	h l	Li I		Lõ –		
Crestor 40	hi d	Li I				
Vytorin 10/10	6					
Vytorin 10/20	6	6	0	lo lo		
Vytorin 10/40	6		0	0		
Vytorin 10/80	0	0	0	0	0	
Non-Statin Monotherapy						
Zetia 10 mg/day		0				
WelChol 6/day			0			
Tricor 160 mg/d			0	0		
Niaspan 1.5 gm/d			0	0		

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

		Lipids Dru	ig Selection			
	LDL	HDL	Triglycerides	Cholesterol		
Usual Starting Dose Zocor 20 Lipitor 10 Pravachol 40 Mevacor 40 Lescol XL 80 Crestor 10	0 0 0 0 0 0	0 0 0 0 0 0 0		0 0 0 0 0 0 0	Non HDL-C 0 0 0 0 0 0 0	Return Double-Click to Order Meds Brand Name
All Doses Zocor 10 Zocor 20 Zocor 40 Zocor 80 Lipitor 10 Lipitor 20 Lipitor 80 Pravachol 20 Pravachol 20 Pravachol 40 Pravachol 80 Mevacor 20 Mevacor 40 Mevacor 80 Lescol XL 80 Crestor 5 Crestor 10 Crestor 20	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
Crestor 40 Vytorin 10/10 Vytorin 10/20 Vytorin 10/40 Vytorin 10/80 <b>Non-Statin Monother apy</b> Zetia 10 mg/day VytlChol 6/day Tricor 160 mg/d Niaspan 1.5 gm/d						

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

		Lipids Dru	ig Selection	i		
	LDL	HDL	Triglycerides	Cholesterol		2.2
Usual Starting Dose Zocor 20 Lipitor 10 Pravachol 40 Mevacor 40 Lescol XL 80 Crestor 10	0 0 0 0 0 0	0 0 0 0 0 0 0		0 0 0 0 0 0 0	Non HDL-C 0 0 0 0 0 0	Return Double-Click to Order Meds Brand Name
Zocor 10 Zocor 20 Zocor 40 Zocor 80 Lipitor 10 Lipitor 20 Lipitor 20 Lipitor 40 Pravachol 20 Pravachol 40 Pravachol 40 Pravachol 80 Mevacor 40 Mevacor 40 Mevacor 80 Lescol XL 80 Crestor 5 Crestor 10 Crestor 5 Crestor 10 Crestor 40 Vytorin 10/10 Vytorin 10/40 Vytorin 10/80	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
Non-Statin Monotherapy Zetia 10 mg/day WelChol 6/day Tricor 160 mg/d Niaspan 1.5 gm/d		0 0 0 0				

- 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:

	Linids Management Plan	Navigation
_		Lipids Master
Cholesterol	Continue Curvert Medications Choosing & Drug Interactions	Lipids System Review
	Dm Lipids PlanLDL	Extremity Exam
LDL-Remnant	LDL-Remnant Correction Measures	Eye Exam
IDL	C LDL-Remnant	Cardio Exam
LDL Pattern B		Lifestyle Changes
VLDL	oubl	Treatment Audit
Triglycerides	Linter	Document
HDL2	abor Zocor	Follow Up Document
hsCRP	Drdei Patient Currently Evercising	
Summary of Orders	C Yes O No O Start	Information
	Patient on Rile Asid Sequestrant	Recommended Measures
		Tx Methods, New Evidence
		Brand, Generic Drug Names
	Patient on Niacin	Comparison of Lipid Drugs
	OYes ONo OStart	Bile Acid Sequestrants
		Lipid Statins
	OK Cancel	Fibric Acid Derivatives
		Zetia
	гоном ир	Niacin
	Acute Routine	Omega-3 Fatty Acids
		Rolaxifene

- 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	
C Zocor	
Patient Currently Exercising	
O Yes O No O Start	
Patient on Bile Acid Sequestrant	
O Yes O No O Start	
Patient on Niacin	
O Yes O No O 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	×
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	
OYes ONo OStart	
Patient on Niacin	
O Yes O No O Start	
OK Cancel	

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

Dm Lipids PlanLDL	×
LDL-Remnant C	orrection Measures
LDL-Ren	nnant
🗖 Low Fat Diet	Low Cholesterol Diet
	Crestor
	Lipitor
	Zocor
Patient Curre	ntly Exercising
O Yes (	DNo OStart
Patient on Bild	e Acid Sequestrant
O Yes (	🗅 No 🗢 Start
Patient on Nia	cin
C Yes (	🗅 No 🔿 Start
OK	Cancel

- 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 Measure	s
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 C Yes C No C Start	
Patient on Bile Acid Sequestrant C Yes C No C Start	
Patient on Niacin O Yes O No O Start	
OK Cancel	

- 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
Patient on Bile Acid Sequestrant O Yes O No O Start
Patient on Niacin O Yes O No O Start
OK Cancel

- 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	
OYes ONo OStart	
Patient on Bile Acid Sequestrant	
OYes ONo OStart	
Patient on Niacin O Yes O No O Start	
OK Cancel	

- 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

	Linide Management Plan	Navigation
-	Elpids Management Flam	Lipids Master
Cholesterol	Dm Lipids PlanLpa	Lipids System Review
		Extremity Exam
	Lp(a) Correction Weasures	Eye Exam
	Lp(a)	Cardio Exam
LDL Pattern B		Lifestyle Changes
VLDL		Document
Triglycerides	Yes ONo OStart	Follow Up Document
hsCRP	Patient on Fenofibrate	Information
		Recommended Measures
Summary of Orders	U Yes U No U Start	Tx Methods, New Evidence
		Brand, Generic Drug Names
	Patient on Estrogen	Comparison of Lipid Drugs
	Ves ONo Start	Bile Acid Sequestrants
		Lipid Statins
I	Patient on Raloxifene	Fibric Acid Derivatives
	OYes ONo OStart	Zetia
		Niacin
	Patient on Asiprin	Omega-3 Fatty Acids
	OYes ONo OStant	Rolaxifene
	OK Cancel	

- **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

	Lipide	Management Plan		Navigation	
_	Lipiusi	Management han		Lipids Master	
Cholesterol		- 1:-:		Lipids System Review	
LDL		n Lipius PlanibL		Extremity Exam	
LDL-Remnant	O Be	IDL Correction Measures		Fue Even	
Lp(a)	O Be			Lyc Lxam	-
IDL	🔿 Be			Cardio Exam	
LDL Pattern B	O Be	Low Carbohydrate Diet		Lifestyle Changes	
VLDL	Double- <mark>(</mark>	Patient Currently Exercising		Treatment Audit	
Triglycerides		◯ Yes ◯ No ◯ Start		Document	
HDL2	Laborate	Patient on a Statin		Follow Up Document	
hsCRP	Orderin	O Yes			
		O No	Info		
immary of Orders	<u>[</u> ]	C Start		Information	
		Dation to a Waste		Recommended Measures	3
		Patient on Niacin		Tx Methods, New Evidence	e
		O Yes O No O Start		Brand, Generic Drug Name	es
		Patient on Fenofibrate		Comparison of Lipid Drugs	s
		🔿 Yes 🔿 No 🔿 Start	Í	Bile Acid Sequestrants	
			Í	Lipid Statins	
	_	OK Cancel	Í	Fibric Acid Derivatives	
			1	Zetia	
	F			Niacin	
	Ac	Routine		Omega-3 Fatty Acids	
				Rolaxifene	

*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. Nicacin
- 0. Fenofibrate
- 0. Omega-3 Fish Oil
- 0. Glitazones

	Lipide M	Innadement Plan		Navigation	
	Lipius iv	lanagement Flan		Lipids Master	
Cholesterol	Medicatio	n Lipids PlanB	×	Lipids System Review	
LDL				Extremity Exam	
LDL-Remnant	🗢 Begi	Pattern B Correction Measure	es	Euro Eurore	
Lp(a)	C Begi	Pattern A		Eye Exam	
IDL	🔘 Begi	Pattern AB		Cardio Exam	
LDL Pattern B	🔿 Beg <mark>i</mark>			Lifestyle Changes	₽
VLDL	Double-cl <mark>i</mark>	Aggressive Diet		Treatment Audit	
Triglycerides		Patient on a Statin		Document	
HDL2	Laborator	C Yes		Follow Up Document	
hsCRP	Ordering	C Start			
Summary of Orders		Patient on Niacin		Information	
	🗆 🗆 🗆	🔿 Yes 🔿 No 🔿 Start		Recommended Measures	
	🗆 🗹	Patient on Fenofibrate		Tx Methods, New Evidence	
	🗌 🛄	◯ Yes ◯ No ◯ Start		Brand, Generic Drug Names	s
		Patient on Omega-3 Fish Oil		Comparison of Lipid Drugs	
<u> </u>		◯ Yes ◯ No ◯ Start		Bile Acid Sequestrants	
		Patient on Glitazones		Lipid Statins	
		◯ Yes ◯ No ◯ Start		Fibric Acid Derivatives	
				Zetia	
	Fo	OK Cancel		Niacin	
				Omega-3 Fatty Acids	
				Rolaxifene	

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

	Linids Ma	anagement Plan	Navigatio	m	
	Medications	anagement i an	Lipids Ma	ster	
Cholesterol	Des Linid	- Planut D	Linids System	Review	
LDL-Remnant	UM LIPIO	s PlanyLD		boarn	
Lp(a)		VIDL Consolion Measures		m	
IDL		VLDL Correction Measures	2	cam	
L DL Pattero R		VLDL 0		anges	P
VLDL	Do			ent	1
Trigtycerides		Leve Cartesburghete Dist		cument	1
HDL2	L.	Low Carbonydrate Diet	Į		Ĩ
hsCRP		Patient Currently Exercising		on	
Summary of Orders		CiVes CiNe CiStert		weasures w Evidence	_
			,	Drug Name	8
		Patient on a Statin	L	Lipid Drugs	:
		C Yes	0	vestrants	
		O No		ans rivatives	-
		◯ Start			
				1	
		Patient on Niacin	t	ty Acids	
		OYes ONo OStart	-	ne	
	_	Patient on Fenofibrate			
		◯ Yes ◯ No ◯ Start			
		Patient on Ornega-3 Fish Oil			
		OYes ONo OStart			
		OK Cancel			

# • 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

	Lipide	Management Plan		Navigation	
	Lipius	Management han		Lipids Master	
Cholesterol		ns	1	Lipids System Review	1
LDL		m Lipids PlanTG 🛛 🔀		Extremity Exam	1
LDL-Remnant		Trick series Correction Measures		Eve Exam	1
Lp(a)		Ingrycende Correction Measures		Cordio Evore	
IDL		Triglycerides			
LDL Pattern B	<u>،</u> د	Low Carbohudrate Dist		Lifestyle Changes	
VLDL	Double	Eow Carbonydrate Diet		Treatment Audit	
Triglycerides		Patient Currently Exercising		Document	1
HDL2	Labora	C Yes C No C Start		Follow Up Document	1
hsCRP	0rderi -	Patient on a Statin			1
Commence of Ocalization		O Yes			
summary of Orders			_	Information	
		U Start		Recommended Measures	
		Patient on Hiscin		Tx Methods, New Evidence	e
				Brand, Generic Drug Name	s
		O Yes O No O Start		Comparison of Lipid Drugs	3
		Patient on Fenofibrate	Ĩ	Bile Acid Sequestrants	
		O Yes O No O Start	Ī	Lipid Statins	
		Patient on Omega-3 Fish Oil	Ī	Fibric Acid Derivatives	
		O Yes O No O Start	Ī	Zetia	
			Ī	Niacin	
				Omega-3 Fatty Acids	
				Rolaxifene	

## • 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

	Linide	Management Plan		Navigation	
	Libius i	Management Flan		Lipids Master	
Cholesterol		e Current Medications Choosing A Drug	teractions	Lipids System Review	1
LDL	C n			Extremity Exam	1
LDL-Remnant		Lipids PlanHDL	<u> </u>	Eve Exam	1
Lp(a)		HDL2 Correction Measures		Cordio Evon	-
IDL			e de la companya de la		
LDL Pattern B	10 Bi			Lifestyle Changes	
VLDL	Double	Patient Currently Exercising		Treatment Audit	
Triglycerides		O Yes O No O Start		Document	1
HDL2	Labora	Datiant on a Statin		Follow Up Document	1
hsCRP	Orderii <mark>.</mark>	Patient on a statin			1
Summary of Orders		O No	2	Information	
		◯ Start		Recommended Measures	
		Datient on Nissin	-	Tx Methods, New Evidence	e
				Brand, Generic Drug Name	- s
		9 163 9 140 9 Start		Comparison of Lipid Drugs	3
			i i i	Bile Acid Sequestrants	
				Lipid Statins	
				Fibric Acid Derivatives	
				Zetia	
	Follo	w Up		Niacin	
	Ac	Routine		Omega-3 Fatty Acids	
				Rolaxifene	

#### hsCRP •

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

	Lipide I	Vanadement Plan		Navigation	0
-	Lipius i	vianagement Flan		Lipids Master	
Cholesterol		e Current Medications Choosing A Drug Interactions	1	Lipids System Review	1
LDL				Extremity Exam	1
LDL-Remnant		Lipids PlanCRP		Eve Even	1
Lp(a)	O Bei	hsCRP Correction Measures		Lye Lxam	-
IDL	O Bej			Cardio Exam	
LDL Pattern B	C Bei	hsCRP		Lifestyle Changes	
VLDL	Double-:	🗌 Low Fat Diet 📄 Low Carbohydrate Diet		Treatment Audit	
Triglycerides				Document	1
HDL2	Laborat <mark>:</mark>	Patient Currently Exercising		Follow Up Document	1
hsCRP	Orderir <mark>:</mark>	OYes ONo OStart			1
Summary of Orders		Patient on a Statin		Information	
			E E	Recommended Measures	
		C Start	-	Tx Methods, New Evidence	e
				Brand, Generic Drug Name	s
		Patient on Omega-3 Fish Oil		Comparison of Lipid Drugs	s
		C Yes C No C Start		Bile Acid Sequestrants	
	E C			Lipid Statins	
		OK Cancel		Fibric Acid Derivatives	
				Zetia	
	Follo	w Up		Niacin	
	Ac	ute Routine		Omega-3 Fatty Acids	
				Rolaxifene	

## • Summary of Orders

In this box, all treatment options which have been selected in the nine Correction Measures pop-ups above are summarized. Once all initiatives are determined, they should be documented in column 2, if medications, ordered in the Medication module and instructions given to the patient and/or to the unit clerk or nurse to give to the patient.

	Linids Management Plan	Navigation
	Lipids Management Fian	Lipids Master
Cholesterol	Medications	Lipids System Review
LDL		Extremity Exam
LDL-Remnant		Eve Exam
Lp(a)		Cordio Evon
IDL		
LDL Pattern B		Lifestyle Changes
VLDL	Double-click to Order Meds Brand Name	Treatment Audit
Triglycerides		Document
HDL2	Assessment Laboratory	Follow Up Document
hsCRP	Ordering Provider Holly James	· · · · · · · · · · · · · · · · · · ·
Summary of Orders	CPK Dxt Fredrickson type I Hyperlipoproteir Info	Information
	Liver Panel (HFP)	Recommended Measures
		Tx Methods, New Evidence
	Lipoproteins DX4	Brand, Generic Drug Names
	hsCRP Submit Labs	Comparison of Lipid Drugs
]		Bile Acid Sequestrants
		Lipid Statins
		Fibric Acid Derivatives
		Zetia
	Follow Up	Niacin
	Acute	Omega-3 Fatty Acids

# Column 2 –

# Medications –

	Lipids Management Plan	Navigation Lipids Master
	Medications Continue Current Medications Choosing A Drug Interactions	Lipids System Review
LDL-Remnant Lp(a) IDL	Begin C Increase C Decrease     to mg     Begin C Increase C Decrease     Begin C Increase C Decrease	Extremity Exam Eye Exam Cardio Exam
LDL Pattern B VLDL	O Begin O Increase O Decrease Double-click to Order Meds Brand Name	Lifestyle Changes
HDL2	Assessment Laboratory Ordering Provider Holly James	Follow Up Document
Summary of Orders	CPK     Dxt     Fredrickson type I Hyperlipoproteir     Info       Lipid Panel w/LDL     Dx2        Liver Panel (HFP)     Dx3        VAP     Dx4        bsCRP     Dx4        Honocystiene     Triglycerides        Venipuncture	Information Recommended Measures Tx Methods, New Evidence Brand, Generic Drug Names Comparison of Lipid Drugs Bile Acid Sequestrants Lipid Statins Fibric Acid Derivatives
	Follow Up Acute Routine	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.

		Linids Management Plan	Navigation
_		Lipids Management Fian	Lipids Master
Chole	esterol	Continue Current Medications Choosing A Drug	Lipids System Review
L	DL		Extremity Exam
LDL-R	emnant	C Begin C Increase C Decrease ( ro ) mg (	Eve Exam
L	p(a)		Cardio Evan
<b>_</b>	DL		Cardio Exam
LDL P	attern B		Lifestyle Changes
VI	LDL	Double-click to Order Meds Brand Name	Treatment Audit
Trigly	cerides		Document
H	DL2	Laboratory	Follow Up Document
hs	CRP	Ordering Provider Holly James	
Summary of	Orders	CPK Dx1 Fredrickson type I Hyperlipoproteir Info	Information
		Liver Panel (HFP)	Recommended Measures
			Tx Methods, New Evidence
		Lipoproteins DX4	Brand, Generic Drug Names
		hsCRP Submit Labs	Comparison of Lipid Drugs
		Triglycerides	Bile Acid Sequestrants
			Lipid Statins
		The second s	
			Fibric Acid Derivatives
			Fibric Acid Derivatives Zetia
		Follow Up	Fibric Acid Derivatives Zetia Niacin
		Follow Up Acute Routine	Fibric Acid Derivatives Zetia Niacin Omega-3 Fatty Acids

Cytochrome P4	50 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.	<ul> <li>Simvastatin (Zocor)</li> <li>Lovastatin (Mevacor)</li> <li>Atorvastatin (Lipitor)</li> <li>Fluvastatin (Lescol)</li> <li>Rosuvastatin (Crestor)</li> <li>Pravastatin (Pravachol)</li> </ul>
Substrate	
Some Common Inhibitors (raise serum conce	entration levels)
Some Common Inhibitors (raise serum conce	entration levels)
Some Common Inhibitors (raise serum conce	ntration levels)
Some Common Inhibitors (raise serum conce Some Common Inducers (lowers serum con	entration levels) centration levels)
Some Common Inhibitors (raise serum conce Some Common Inducers (lowers serum con	entration levels) centration levels)
Some Common Inhibitors (raise serum conce Some Common Inducers (lowers serum con	entration levels) centration levels)
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Some Common Inhibitors (raise serum conce Some Common Inducers (lowers serum con Comments	entration levels)
Some Common Inhibitors (raise serum conce Some Common Inducers (lowers serum con Comments	entration levels) centration levels)

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.

		a como								
	Lipids Management	Plan						-	havigation	i.
	Medications						_		Lipius Master	-
	Continue Current Medications	Choosing	A Dru	ig	Interacti	ons		Lipid	ls System Review	1
LDL-Remnant	O Begin O Increase O Decrease		Lipi	ids Med	s			×	xtremity Exam	
L p(a)	🔿 Begin 🔿 Increase 🔿 Decrease			DL		-			Eye Exam	
	O Begin O Increase O Decrease		At	rovasta	aceutica atin (Lipit	or)			Cardio Exam	
LDL Pattern B	🔿 Begin 🔿 Increase 🔿 Decrease		Ch Cle	nolestyr ofibrate	amine (Q e (Atromic	uestran 1-S)	)		estyle Changes	
VLDL	Double-click to Order Meds Bran	d Name	Ca Ca	oleseve olestipo	lam (Wel I (Colesti	chol) d)			reatment Audit	1
Triglycerides			Ez Ee	zetrol (Z	Zetia) ite (TriCo	ul)			Document	1
HDL2	Laboratory	4	Flu	uvastat	in (Lesco	ol)			w Up Document	1
hsCRP	Ordering Provider Holly	James	Lo	ovastati	in (Meva	cor)				-
Summary of Orders	I CPK Dx1	Fredrickson	ty Ni Ni	aspan cotinic	Acid				nformation	
	Liver Panel (HFP)		- Pie	oglitazo	one (Acto	) )			nmended Measures	1
			- Re	olaxifen	ie (Evista	acnolj a)			nods, New Evidence	
	Lipoproteins DX4		Re	osiglitaz	zone (Av	andia) stor)			Generic Drug Name	s
	Horpocystiepe	S	iu Sii	mvasta	tin (Zoco	r)			rison of Lipid Drugs	
			***	Nutrae	outicale	*******	*******		Acid Sequestrants	
	Venipuncture		Co	)-enzym	ne Q10				Lipid Statins	
			L-I	Carnitin Acetul	ne Custeine				c Acid Derivatives	
			On	mega 3	Cysteme				Zetia	
	Follow Up		Pa F Va	antothe tamin F	nic Acid	(B5)			Niacin	
	Actie	Routine		Camini L	. (u gann		Class		ega-3 Fatty Acids	
	1 1						Ciuse		Rolaxifene	
	Lipids Management	Plan						I	Navigation Lipids Master	1
	LIPIDS IVIANAGEMENT Medications	Plan Choosing	A Dru	g	Interactio	ons		l Lipida	Navigation Lipids Master s System Review	
Cholesterol	LIPIDS IVIANAGEMENT     Medications     Continue Current Medications     Begin C Increase C Decrease	Plan Choosing	I A Dru	ig	Interactio	ons	_	l Lipid: E	Navigation Lipids Master s System Review xtremity Exam	
Cholesterol LDL LDL-Remnant	LIPIDS IVIANAGEMENT Medications Continue Current Medications Begin C Increase C Decrease	Plan Choosing	A Dru	g   te	Interaction	ons		l Lipid: E:	Navigation Lipids Master s System Review xtremity Exam Eye Exam	
Cholesterol LDL LDL-Remnant Lp(a)	LIPIDS IVIANAGEMENT Medications Continue Current Medications Begin Concrease Concrease Begin Concrease Concrease Begin Concrease Concrease	Plan Choosing Iedication	A Drug t Dose	g k (mg)	Interactio	ons			Navigation Lipids Master s System Review Extremity Exam Eye Exam Cardio Exam	
Cholesterol LDL LDL-Remnant Lp(a) IDL LDL Pattern B	LIPIDS IVIANAGEMENT Medications Continue Current Medications Begin C Increase C Decrease Begin C Increase C Decrease Begin C Increase C Decrease Begin C Increase C Decrease	Plan Choosing Iedication	I A Dru I Dose	g ta (mg)	Interaction				Navigation Lipids Master s System Review Extremity Exam Eye Exam Cardio Exam estyle Changes	S
Cholesterol LDL LDL-Remnant Lp(a) IDL LDL Pattern B VLDL	LIPIDS IVIANAGEMENT Medications Continue Current Medications Begin C Increase C Decrease Begin C Increase C Decrease Begin C Increase C Decrease Begin C Increase C Decrease Double-click to Order Meds Bre	Plan Choosing	I A Dru I Dose	g tr (mg)	Interaction		-		Navigation Lipids Master s System Review extremity Exam Eye Exam Cardio Exam estyle Changes reatment Audit	<li>I</li>
Cholesterol LDL LDL-Remnant Lp(a) IDL LDL Pattern B VLDL Triglycerides	LIPIDS IVIANAGEMENT Medications Continue Current Medications Begin Concrease Concrease Begin Concrease Concrease Begin Concrease Concrease Begin Concrease Concrease Double-click to Order Meds	Plan Choosing (edication	A Drug b Dose	g tr (mg)	Interaction in the second seco	ons 15	20		Navigation Lipids Master s System Review xtremity Exam Eye Exam Cardio Exam estyle Changes reatment Audit Document	I
Cholesterol LDL LDL-Remnant Lp(a) IDL LDL Pattern B VLDL Triglycerides HDL2	LIPIOS IVIANAGEMENT Medications Continue Current Medications Begin Concrease Coecrease Begin Concrease Coecrease Begin Concrease Coecrease Begin Concrease Coecrease Double-click to Order Meds	Plan Choosing Iedication	Dose	g (mg)	Interaction	^{ons}	20		Navigation Lipids Master s System Review Extremity Exam Eye Exam Cardio Exam estyle Changes reatment Audit Document	V
Cholesterol LDL LDL-Remnant Lp(a) IDL LDL Pattern B VLDL Triglycerides HDL2 hsCRP	LIDIOS IVIANAGEMENT Medications Continue Current Medications Begin Concrease Coecrease Begin Concrease Begin Concrease Coecrease Begin Concrease Coecrease Begin Concrease Begin Concr	Plan Choosing Iedication	Dose	g (mg) .00	Interaction Ing	ons 15 30	20 40		Navigation Lipids Master s System Review extremity Exam Eye Exam Cardio Exam estyle Changes reatment Audit Document w Up Document	I
Cholesterol LDL LDL-Remnant Lp(a) IDL LDL Pattern B VLDL Triglycerides HDL2 hsCRP	LIDIOS IVIANAGEMENT Medications Continue Current Medications Begin Concrease Coecrease Begin Concrease Coecrease Begin Concrease Coecrease Begin Concrease Coecrease Begin Concrease Coecrease Double-click to Order Meds Brain Laboratory Ordering Provider Holly CPK Dx1	Plan Choosing Iedication	A Drug Dose	g (mg) .00 .75 3	Interaction ing 10 25 50	ons 15 30 60	20 40 70		Navigation Lipids Master s System Review xtremity Exam Eye Exam Cardio Exam estyle Changes reatment Audit Document w Up Document	<b>V</b>
Cholesterol LDL LDL-Remnant Lp(a) IDL LDL Pattern B VLDL Triglycerides HDL2 hsCRP Stummary of Orders	LIDIOS IVIANAGEMENT Medications Continue Current Medications Begin Concrease Coecrease Begin Concrease Coecrease Begin Concrease Coecrease Begin Concrease Coecrease Double-click to Order Meds Brain Laboratory Ordering Provider Holly CPK Dx1 Lipid Panel w/LDL Dx2 Liver Panel (HFP)	Plan Choosing Iedication	00 .50	g (mg) .00 .75 3	Interaction Ing 10 25 50	ns 15 30 60	20 40 70		Navigation Lipids Master s System Review Externity Exam Eye Exam Cardio Exam estyle Changes reatment Audit Document ow Up Document	
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Cholesterol LDL LDL-Remnant Lp(a) IDL LDL Pattern B VLDL Triglycerides HDL2 hsCRP Summary of Orders	LIDIOS IVIANAGEMENT Medications Continue Current Medications Begin Concrease Decrease Begin Concrease Decrease Begin Concrease Decrease Begin Concrease Decrease Begin Concrease Decrease Double-click to Order Meds Bre Laboratory Ordering Provider Holly CPK Dx1 Lipid Panel w/LDL Dx2 Liver Panel (HFP) Dx3 VAP Dx3 VAP Dx4 Lipoproteins hsCRP Homocystiene Triglycerides Venipuncture Follow Up Acute	Plan Choosing Iedication	A Drug Dose 00 .50 2 5 8	g (mg) .00 .75 3 6 9 C	Interaction 10 25 50 80 2000 Eear	ns 15 30 60 300 600	20 40 70 100 400 700	Lipid:     E     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I     I	Navigation Lipids Master s System Review Externity Exam Eye Exam Cardio Exam estyle Changes reatment Audit Document Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Morent Moren	

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		Linide Management Plan	Navigation
			Lipids Master
	Cholesterol	Medications	Lipids System Review
	LDL		Extremity Exam
	LDL-Remnant	O Begin O Increase O Decrease j b i mg j	Eve Even
	Lp(a)	Begin O Increase O Decrease     SMBG     SMBG	
	IDL		Cardio Exam
	LDL Pattern B	C Begin C Increase C Decrease   [BID]	Lifestyle Changes
	VLDL	Double-click to Order Meds Brand Name QOD	Treatment Audit
	Triglycerides		Document
	HDL2	Laboratory	Follow Up Document
	hsCRP	Ordering Provider Holly James	
Sum	mary of Orders	CPK Dx1 Fredrickson ty Lipid Panel w/LDL Dx2	Close Recommended Measures
		Dx3	Ty Methods New Evidence
		Lipoproteins Dx4	Brand Generic Drug Names
		hsCRP Submit Labs	Comparison of Lipid Drugs
		Triplycerides	Bile Acid Sequestrants
			Lipid Statins
			Fibric Acid Derivatives
			Zetia
		Follow Up	Niacin
		Acute Routine	Omega-3 Fatty Acids
			Rolaxifene

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.

		Linids Management Plan	Navigation
_			Lipids Master
	Cholesterol	Continue Current Medications Choosing A Drug Interactions	Lipids System Review
	LDL		Extremity Exam
	LDL-Remnant		Eye Exam
			Cardio Exam
	IDL Pattern R	C Begin C Increase C Decrease	Lifestyle Changes
	VIDI	Double-click to Order Meds Brand Name	Treatment Audit
	Triglycerides		December Addit
	HDL 2	Assessment	Document
	hsCRP	Ordering Provider Holly	Follow Up Document
Sum	mary of Orders	CPK     Dx1     Fredrickson type I Hyperlipoproteir     Info       Lipid Panel w/LDL     Dx2     Dx2       Liver Panel (HFP)     Dx3       VAP     Dx4       Lipoproteins     Dx4       hsCRP     Submit Labs       Homocystiene	Information Recommended Measures Tx Methods, New Evidence Brand, Generic Drug Names Comparison of Lipid Drugs
1		Triglycerides	Bile Acid Sequestrants
			Lipid Statins
			Fibric Acid Derivatives
		Follow Up	Letta
		Acute Routine	Orpege 3 Eatty Acide
			Rolaxifene

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.
- Spectophotometry
- Lipoproteins
- hsCRP
- Homocystiene
- Triglycerides

		Linids Management Plan	Navigation
_	1	Elpids Management Fian	Lipids Master
	Cholesterol	Continue Current Medications Choosing A Drug Interactions	Lipids System Review
	LDL		Extremity Exam
• -	LDL-Remnant		Eye Exam
-			Cardio Exam
	I DI Pattern B	O Begin O Increase O Decrease	Lifestyle Changes
Ē	VIDI	Double-click to Order Meds	Treatment Audit
7	Triglycerides		Desument
7	HDL2	Assessment	Document
7	hsCRP	Ordering Provider Holly James	Follow Up Document
- Imi	mary of Orders	CPK Dx1 Fredrickson type I Hyperlipoproteir Info Info	Information
_		Liver Panel (HFP)	Recommended Measures
			Tx Methods, New Evidence
		Lipoproteins <b>Submit Labs</b> hscRP Submit Labs	Brand, Generic Drug Names
			Comparison of Lipid Drugs
			Bile Acid Sequestrants
			Lipid Statins
			Fibric Acid Derivatives
			Zetia
		Follow Up	Niacin
		Acute Routine	Omega-3 Fatty Acids

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.
| Image: Cholester ol         LDL         Image: LDL-Remnant         Image: LDL-Remn | Lipids Management Plan         Medications         Continue Current Medications         Begin       Increase         Double-click to Order Medis       Brand Name         Lipid Panel w/LDL       Liver Panel (HFP)         Lipid Panel w/LDL       Dx1         Fredrickson type I Hyperlipoproteir       Intreductions         NAP       Lipoproteins         homocystiene       Submit Labs         Triglycerides       Venipuncture | Ilavigation         Lipids Master         Lipids System Review         Extremity Exam         Eye Exam         Cardio Exam         Lifestyle Changes         Treatment Audit         Document         Follow Up Document         Follow Up Document         Tx Methods, New Evidence         Brand, Generic Drug Names         Comparison of Lipid Drugs         Bile Acid Sequestrants         Lipid Statins         Fibric Acid Derivatives         Zetia |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Follow Up Acute Routine                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Fibric Acid Derivatives<br>Zetia<br>Niacin<br>Omega-3 Fatty Acids<br>Rolaxifene                                                                                                                                                                                                                                                                                                                                                                             |

*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.

		Linide Management Plan	Navigation
_		Lipius Management Flan	Lipids Master
	Cholesterol	Medications	Lipids System Review
	LDL		Extremity Exam
	LDL-Remnant	Begin O Increase O Decrease [ to ] mg ]	Eve Exam
<u> </u>	Lp(a)		Candia Even
≝.	IDL		Cardio Exam
	LDL Pattern B		Lifestyle Changes
	VLDL	Double-click to Order Meds Brand Name	Treatment Audit
	Triglycerides		Document
	HDL2	Laboratory	Follow Up Document
	hsCRP	Ordering Provider Holly James	· · · · · · · · · · · · · · · · · · ·
Summary of Orders	mary of Orders	CPK Dxt Fredrickson type I Hyperlipoproteir Info Lipid Panel w/LDL Dx1	Information
		Liver Panel (HFP)	Recommended Measures
			Tx Methods, New Evidence
	Lipoproteins	Brand, Capario Drug Names	
			Drand, Generic Drug Names
		hsCRP Submit Labs	Comparison of Lipid Drugs
		hsCRP Submit Labs	Comparison of Lipid Drugs Bile Acid Sequestrants
		hsCRP Submit Labs	Comparison of Lipid Drugs Bile Acid Sequestrants Lipid Statins
		hsCRP Submit Labs	Comparison of Lipid Drugs Bile Acid Sequestrants Lipid Statins Fibric Acid Derivatives
		hscRP     Submit Labs       Homocystiene     Triglycerides       Venipuncture     Venipuncture	Comparison of Lipid Drugs Bile Acid Sequestrants Lipid Statins Fibric Acid Derivatives Zetia
		hscRP     Submit Labs       Triglycerides     Venipuncture	Comparison of Lipid Drugs Bile Acid Sequestrants Lipid Statins Fibric Acid Derivatives Zetia Niacin
		hscRP     Submit Labs       Homocystiene     Triglycerides       Venipuncture     Venipuncture	Comparison of Lipid Drugs Bile Acid Sequestrants Lipid Statins Fibric Acid Derivatives Zetia Niacin Omega-3 Fatty Acids

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

		Linide Management Plan	Navigation	
_		Lipius Management Flan	Lipids Master	
	Cholesterol	Continue Current Medications Choosing A Drug Interactions	Lipids System Review	
	LDL		Extremity Exam	
	LDL-Remnant	C Begin C Increase C Decrease T to mg T	Eve Exam	
	Lp(a)		Cardio Evan	
	IDL		Cardio Exam	
	LDL Pattern B		Lifestyle Changes	
	VLDL	Double-click to Order Meds Brand Name	Treatment Audit	
	Triglycerides		Document	
	HDL2	Laboratory	Follow Up Document	
	hsCRP	Ordering Provider Holly James		
Sun	mary of Orders	CPK Dx1 Fredrickson type I Hyperlipoproteir Info	Information	
		Liver Panel (HFP)	Recommended Measures	
			Tx Methods, New Evidence	
		Lipoproteins	Brand, Generic Drug Names	
		Labs	Comparison of Lipid Drugs	
			Bile Acid Sequestrants	
			Lipid Statins	
			Fibric Acid Derivatives	
			Zetia	
		Follow Up	Niacin	
		Acute Routine	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.

र र र र र र	Cholesterol LDL LDL-Remnant Lp(a) IDL LDL Pattern B VLDL Triglycerides HDL2 hsCRP	Lipids Management Plan         Medications         Continue Current Medications       Choosing A Drug         Begin       Increase         Double-click to Order Meds       Brand Name         Assessment         Laboratory         Ordering Provider       Holy	Havigation         Lipids Master         Lipids System Review         Extremity Exam         Eye Exam         Cardio Exam         Lifestyle Changes         Treatment Audit         Document         Follow Up Document
Sum	umary of Orders	CPK       Dx1       Fredrickson type I Hyperlipoproteir       Info         Lipid Panel w/LDL       Dx2	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

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 AcidsRolaxifene

		Linids Management Plan	Navigation	
_			Lipids Master	
M	Cholesterol	Continue Current Medications Choosing A Drug Interactions	Lipids System Review	1
	LDL		Extremity Exam	1
	LDL-Remnant		Eye Exam	1
	Lp(a)		Cardio Exam	1
	IDL			
	LDL Pattern B			100
	VLDL	Brand Name /	Treatment Audit	
	Triglycerides	Assessment	Document	1
	HDL2	Laboratory	Follow Up Document	1
	hsCRP	Ordering Provider Holly James		-
Summary of Orders		CPK Dx1 Fredrickson type I Hyperlipoproteir Info Lipid Panel w/LDL Dx2 Liver Panel (HFP) Dx3	Information Recommended Measures	
			Tx Methods, New Evidence	
			Brand, Generic Drug Name	s
		Homocystiene	Comparison of Lipid Drugs	
			Bile Acid Sequestrants	
			Lipid Statins	
			Fibric Acid Derivatives	
			Zetia	
		Follow Up	Niacin	
		Acute	Omega-3 Fatty Acids	
			Rolaxifene	
				_