



If pt has PCP: **communicate abnormal results**  
If no PCP: follow flow chart

## Diabetes

HgA1c  $\geq 9$

**START Metformin 500 twice daily** (if Cr  $< 1.5$ )  
**START Atorvastatin 20 mg daily** (if AST  $< 120$  and ALT  $< 120$ )  
**EXPEDITE** new PCP referral

HgA1c 6.8-8.9

**START Atorvastatin 20 mg daily** (if AST  $< 120$  and ALT  $< 120$ )  
**START Metformin 500 twice daily** (If Cr  $< 1.5$ )  
**MAKE** PCP referral

HgA1c  $< 6.8$

Re-check in 1 year

## Hypertension

SDP  $\geq 200$  or DSP  $\geq 110$

**SEND to ER** if symptomatic (CP/SOB/HA) **SEND to URGENT CARE** (same day if possible) if asymptomatic,  
**EXPEDITE** new PCP referral

SPB  $\geq 140$  or DSP  $\geq 90$

**START Amlodipine 5 mg daily** (if SBP  $\geq 170$  or DSP  $\geq 100$ )  
**START Amlodipine 5 mg daily** if reading elevated over 2 visits

SPB  $< 140$  or DSP  $< 90$

Re-check in 1 year

## Hyperlipidemia

LDL  $\geq 190$

**START Atorvastatin 20 mg daily** (if AST  $< 120$  and ALT  $< 120$ )  
**MAKE** PCP referral

LDL  $\geq 160$

**START Atorvastatin 20 mg daily** (if AST  $< 120$  and ALT  $< 120$  and comorbid DM)  
**MAKE** PCP referral

LDL  $< 160$

Re-check in 1 year

**REMEMBER: Advising and facilitate smoking cessation should be your number one medical priority**