NUTRITION:

Body Mass Index (BMI) Chart

BMI Calculation: Measure your patient’s height and weight and calculate BMI (weight in Kg divided by the squared height in meters). Use this table to classify BMI.

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Nutritional Evaluation:

- Measure your patient’s height and weight and calculate BMI (weight in Kg divided by the squared height in meters). Use this table to classify BMI.

- Calculate the number of calories as follows:
  - If BMI<19-24 Kg/m²: calculate 30-40 Calories/Kg depending on physical activity.
  - If BMI<19-24 Kg/m²: calculate 30-40 Calories/Kg depending on physical activity.

Bmi Calculation: Measure your patient’s height and weight and calculate bmi (weight in kg divided by the squared height in meters). Use this table to classify bmi.

Physical Activity

- All patients, if free of physical disease
- Ask: Have you done moderate-intensity activity during the past 30 minutes of physical activity in the last 7 days?
- Advise: Motivation to increase physical activity
- Assess: Progress of information on different forms of physical activity
- Arrange: Follow-up on changes in physical activity pattern

For more information on physical activity and weight management, please refer to International Obesity Task Force (IOTF, 2001).

PREVENTIVE MEASURES:

- Order preventive measures as appropriate including a pap smear if your patient is a woman of 30 or more years of age, a cervical breast exam, and if available, a mammography if your patient is a woman of 40 or more years of age.
- For patients with diabetes and hypertension, consider a Prostate Specific Antigen (PSA) test or a Breast Cancer Screening.

- Advise: Motivation to get involved in physical activity
- Assess: Progress of information on different forms of physical activity
- Arrange: Follow-up on changes in physical activity pattern

- Review your patient’s medication in each visit.
- By providing information on different forms of physical activity most days
- All patients to do at least 30 minutes of physical activity most days
- All patients if they are free of physical disease

- Establish and record the date of the next routine follow-up appointment.
- Referral to specialist if necessary.

GENERAL PREVENTION GUIDELINES

- Each regular health care visit or at least once every 2 years if BP < 120/80 mm Hg

- Each regular health care visit or at least once every 2 years if BP<130/80 mm Hg

- Every 1-3 years, depends on type of test and past results

- Early 5 years

- Every 1-3 years, depend on type of test and past results

- Early 3-5 years

- Early 2-3 years

- Every 3 years

- Every 3 years

- Any 35 years

- Any 35 years

- Any 45 years

- Any 55 years

- Any 55 years

- Any 65 years

- Early 5-7 years

- Early 2-3 years

PREVENTION MEASURES:

- Order preventive measures as appropriate including a Pap smear if your patient is a woman of 30 or more years of age, a cervical breast exam, and if available, a mammography if your patient is a woman of 40 or more years of age.

- For patients with diabetes and hypertension, consider a Prostate Specific Antigen (PSA) test or a Breast Cancer Screening.

- Advise: Motivation to get involved in physical activity
- Assess: Progress of information on different forms of physical activity
- Arrange: Follow-up on changes in physical activity pattern

- Review your patient’s medication in each visit.
- By providing information on different forms of physical activity most days
- All patients to do at least 30 minutes of physical activity most days
- All patients if they are free of physical disease

- Establish and record the date of the next routine follow-up appointment.
- Referral to specialist if necessary.

For more information on physical activity and weight management, please refer to International Obesity Task Force (IOTF, 2001).

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- Order preventive measures as appropriate including a Pap smear if your patient is a woman of 30 or more years of age, a cervical breast exam, and if available, a mammography if your patient is a woman of 40 or more years of age.

- For patients with diabetes and hypertension, consider a Prostate Specific Antigen (PSA) test or a Breast Cancer Screening.

- Advise: Motivation to get involved in physical activity
- Assess: Progress of information on different forms of physical activity
- Arrange: Follow-up on changes in physical activity pattern

- Review your patient’s medication in each visit.
- By providing information on different forms of physical activity most days
- All patients to do at least 30 minutes of physical activity most days
- All patients if they are free of physical disease

- Establish and record the date of the next routine follow-up appointment.
- Referral to specialist if necessary.
If the answer to one of these questions is “yes”, the patient should be evaluated with a full diagnostic interview.

**Diabetes Management**

If your patient has diabetes, please refer to:


**Assess During Your Patient’s Medical Checkup You Should Do the Following:**

- Take all the relevant blood tests and explain results to your patient.
- Record Blood Pressure at every visit.
- Record weight at every visit.
- Test urine for protein once a year.
- If your patient has diabetes, ask him/her to remove shoes and examine his/her feet during every visit. Conduct a dilated eye exam once per year.
- Review exemption and physical activity patterns.
- Review medication.
- Ask if your patient has insomnia, check injection sites.
- Discuss any other health problems your patient may have.

**Diet:**

If your patient has diabetes, please refer to:


**Assess Your Patient’s Goals, Especially Those for Blood Glucose and Blood Pressure.**

Inquire about exposure to second hand smoke.

If your patient is a smoker, please refer the patient to an appropriate smoking cessation program. If the patient is a smoker or an ex-smoker, repeat the smoking question at every visit. Discuss your patient’s goals, especially those for blood glucose and blood pressure.

**Cardiovascular Diseases**


**World Health Organization/International Society of Hypertension (ISH) Risk Prediction Charts**

- **WHO/ISH Risk Prediction Chart for AMR B**: 10-year risk of a fatal or non-fatal cardiovascular event by gender, age, systolic blood pressure, total blood cholesterol, smoking status and presence or absence of diabetes mellitus.

**Assess Your Risk Score:**

Assess the overall cardiovascular risk using one of the provided Risk Prediction Charts. Select Chart 1 if blood cholesterol is available and Chart 2 if blood cholesterol is not available. Write your patient’s score in the appropriate box on the passport.

**Assess Your Risk Score:**

<table>
<thead>
<tr>
<th>Gender</th>
<th>Age</th>
<th>Blood Pressure (SBP)</th>
<th>Total Blood Cholesterol (mmol/l)</th>
<th>Smoking Status</th>
<th>Risk Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>40</td>
<td>120</td>
<td>4.0</td>
<td>Non-smoker</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>Female</td>
<td>50</td>
<td>140</td>
<td>5.0</td>
<td>Non-smoker</td>
<td>&lt;10%</td>
</tr>
</tbody>
</table>

**Cardiovascular Risk:**

- **Risk Level:**
  - Low: 10% or <10%
  - Moderate: 10% to <20%
  - High: 20% to <40%
  - Very High: ≥40%

**Assess Your Risk Score:**

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</tr>
</tbody>
</table>

**Cardiovascular Risk:**

- **Risk Level:**
  - Low: 10% or <10%
  - Moderate: 10% to <20%
  - High: 20% to <40%
  - Very High: ≥40%
**ASK:** PLEASE FILL THE SPACES WITH THE FOLLOWING INFORMATION:
- Name, Address, Health Facility (name of center), Health Provider (your name), Initial Registration Date, Number of Medical Record (F.R.), Date of Birth (DD/MM/YY), Emergency Contact Information (Telephone and Phone).
- Height (in cm.), Weight (kg./lb.) and BMI at registration.
- Your patient's sex.
- Patient's allergies, if any.

**ADVERTISE:** RECOMMEND THE FOLLOWING TO YOUR PATIENT:
- Take a thorough blood test and explain results to your patient.
- Record Blood Pressure at every visit.
- Record weight at every visit.
- Test urine for protein once a year.
- If your patient has diabetes ask him/her to remove shoes and examine his/her feet during every visit. Conduct a dilated eye exam once per year.
- Review diet and physical activity patterns.
- Review medication.
- If your patient is on insulin, check injection sites.
- Review nutrition and physical activity pattern.
- If your patient has diabetes ask he/she to remove shoes and examine his/her feet during every visit. Conduct a dilated eye exam once per year.

**ASSESS:** DURING YOUR PATIENT'S MEDICAL CHECK UP YOU SHOULD DO THE FOLLOWING:
1. Ask if the patient has symptoms of erectile dysfunction or depression.
2. Discuss your patient's goals, especially those for blood glucose and blood pressure.
3. Inquire about smoking and alcohol use. If the patient is a smoker, please refer the patient to an appropriate cessation program. If the patient is a smoker or uses alcohol, repeat the smoking question at every visit.
4. Discuss any other health problems your patient may have.
5. Ask if the patient has symptoms of erectile dysfunction or depression.
6. Inquire about smoking and alcohol use. If the patient is a smoker, please refer the patient to an appropriate cessation program. If the patient is a smoker or uses alcohol, repeat the smoking question at every visit.
7. Discuss your patient's goals, especially those for blood glucose and blood pressure.

**DIABETES**

**DIAGNOSIS:**
- Complete the co-morbidity list with dates of diagnosis, if known.
- Ask if the patient has symptoms of erectile dysfunction or depression.
- Diagnosis: If the patient has symptoms of erectile dysfunction or depression, effective treatment, and follow-up of depression, screen your patient by asking the following two questions about mood and antidepressants:
  1. Over the past two weeks, have you felt down, depressed or hopeless? And 2. Over the past two weeks, have you felt little interest or pleasure in doing things? If the answer to one of these questions is “yes”, the patient should be evaluated with a full diagnostic interview.

**RISK SCORE:**
Assess the overall cardiovascular risk using one of the provided Risk Prediction Charts. Select Chart 1 if blood cholesterol level is not available. Write your patient’s score in the appropriate box on the passport.

**WHO/ISH Risk Prediction Chart for AMR B:** 10-year risk of a fatal or non-fatal cardiovascular event by gender, age, systolic blood pressure, total blood cholesterol, smoking status and presence or absence of diabetes mellitus.

**CARDIOVASCULAR DISEASES**
ASK
PLEASE FILL THE SPACES WITH THE FOLLOWING INFORMATION:
- Name, Address, Health Facility (name of center), Health Provider (your name), Initial Registration Date, Number of Medical Record (M.R.), Date of Birth (DD/MM/ YYYY), Emergency Contact Information (Name and Phone Number).
- Height (cm/in.), Weight (kg/lb.) and BMI at registration or the day you fill the Passport.
- Number (Name and Phone Number).

DIABETES

DIAGNOSIS:
- Complete the co-morbidity list with dates of diagnosis, if known.
- Ask if the patient has symptoms of erectile dysfunction or depression.
- Diagnosis of depression is a process in place to assess diagnostic, effective treatment, and follow-up of depression, screened your patient by asking the following two questions about mood and anhedonia:
  1. Over the past two weeks, have you felt down, depressed or hopeless? And
  2. Over the past two weeks, have you felt little interest or pleasure in doing things?

If the answer to one of these questions is “yes”, the patient should be evaluated with a full diagnostic interview.

ASK
RECOMMEND THE FOLLOWING TO YOUR PATIENT:
- Data長度 of 2 meals and 3 snacks, if your patient has diabetes.
- Monitor intake of carbohydrates, protein, fats and salt.
- Increase consumption of fish, fiber, fruits and vegetables.
- Not to smoke and avoid excessive use of alcohol.

ASK
DURING YOUR PATIENT’S MEDICAL CHECK UP YOU SHOULD DO THE FOLLOWING:
- Take all the relevant blood tests and explain results to your patient.
- Record Blood Pressure at each visit.
- Record weight at each visit.
- Test urine for protein once a year.
- Conduct a dilated eye exam once per year.
- Review exercise and physical activity patterns.
- Review medication.
- If your patient is on insulin, check injection sites.
- Delays in their health problems your patient may have.

ASK
Determine the overall cardiovascular risk using one of the provided Risk Prediction Charts. Select Chart 1 if blood cholesterol is not available and Chart 2 if blood cholesterol is not available. Write your patient’s score in the appropriate box on the passport.

ASK
DIAGNOSIS OF DEPRESSION: If there is a program in place to assure diagnosis, effective treatment, and follow-up of depression, screened your patient by asking the following two questions about mood and anhedonia:

ASK
ADVICE
RECOMMEND THE FOLLOWING:
- Advise smoking.
- Smoking.
- This chart can only be used for countries of the WHO Region of the Americas, sub-region B, in settings where blood cholesterol cannot be measured. Recommended screening is based on history of hypertension, cardiovascular disease, stroke, diabetes, or other risk factors. Readiness to quit is indicated as a 4, 3, 2, and 1 scale. Smoking is defined as smoking one or more cigarettes per day. All patients if they smoke.

ASK
ARRANGE
- Provide information or support.
- Suggestion of a quit plan or provide information or support.
- Support to specialist support if necessary and available.

CVD2007 Risk Prediction Chart for AMR B. 10-year risk of a fatal or non-fatal cardiovascular event by gender, age, systolic blood pressure, smoking status and presence or absence of diabetes mellitus.

For more information on tobacco control refer to the online course Tobacco and Public Health at the PAHO Virtual Campus: http://dev.net.paho.org/tobacco/index.php/en/sps.php?id=34368&gclid=EUv2BQ3A1q8CFchQ9Aod6DyA9Q

For more information refer to Preventing of Cardiovascular Disease, Guidelines for the Prevention, Detection, Assessment and Management of Cardiovascular Risk (PAHO, 2005) and the Pan American Health Organization’s website on Managing Hypertension in Primary Care in the Caribbean (http://www.crc.org.barbados/files/docman/jl%20Hypertension%20Primary%20Care%20%28CARICOM%29.pdf).
NUTRITION:

- Calculate the number of calories as follows:
  - If BMI > 24 Kg/m²: 20-25 Calories/Kg.
  - If BMI < 19-24 Kg/m²: calculate 30-40 Calories/Kg depending on physical activity.
  - If BMI < 19 Kg/m²: calculate 30-50 Calories/Kg.

- Prepare a Meal Plan
  - Distribute calories in three meals and three snacks. Suggestion for daily distribution of calories:
    - Breakfast: 30%
    - Lunch: 20%
    - Dinner: 20%
    - Snacks: 10%
    - Total: 100%

- Physical Activity
  - All patients, if they are physically active.
  - Adolescent: 20 minutes of physical activity at least 3-5 days a week.
  - Engagement to get involved in physical activity.
  - By viewing information, on different forms of physical activity.
  - Follow-up changes in physical activity pattern.

- Eating Habits
  - All patients and eating habits.
  - Consumption of 5 servings of fruit and vegetables per day.
  - Changes in eating patterns.
  - With a meal plan if necessary.
  - Refer to a nutritionist if necessary and available.

ASSESS

- Preventive Measures:
  - Order preventive measures as appropriate including a pap smear if your patient is a woman of 30 or more years of age, a cervical breast exam, and, if available, a mammography if your patient is a woman of 40 or more years of age.
  - Practice a prostate exam and, if available, consider a Prostate Specific Antigen (PSA) test if your patient is a man of 50 or more years.
  - Ask if the patient has had a probabile snake bite for more than 2 weeks.
  - Note that tuberculosis (this information should be kept in the medical record and will not be written in the passport). From the tuberculosis if your patient has uncontrolled diabetes.
  - Recommend HIV testing and counseling (Provider-Related Testing and Counseling, or PRTC) if during clinical interview potential or actual risk of exposure to HIV is identified.
  - Review your patient’s medication in each visit.
  - Deliver self-management information and materials (if available) to patient, if available.

INSTRUCTIONS FOR COMPLETING THE CHRONIC CARE PASSPORT

Please review the care plan and goals in your patient’s Chronic Care Passport.

For more information on blood pressure control, please refer to International Blood Pressure Control (BHGI, 2009)
https://www.bloodpressurecontrol.org/.

For more information on cervical cancer, please refer to Comprehensive Cervical Cancer Control: A Guide to Essential Practice (NHLS, 2000)

For more information on breast cancer management, please refer to International Breast Health and Cancer Control (BHGI, 2009)
NUTRITION:

- Calculate the number of calories as follows:
  - If BMI>24 Kg/m²: 20-25 Calories/Kg depending on physical activity.
  - If BMI<19-24 Kg/m²: calculate 30-40 Calories/Kg depending on physical activity.
  - If BMI<19 Kg/m²: calculate 30-50 Calories/Kg.

ADVICE

- Prepare a Meal Plan
  - Distribute calories in three meals and three snacks.
  - Suggestion for daily distribution of calories:
    - 3 Snacks (each) .............................................10%
    - Breakfast .......................................................30%
    - Dinner ......................................................... 20%
    - Suggestion for daily distribution of calories:
      - Distribute calories in three meals and three snacks.

INSTRUCTIONS FOR COMPLETING THE CHRONIC CARE PASSPORT


GENERAL PREVENTION GUIDELINES

- Blood Glucose Test
- Blood Pressure (BP)
- BMI
- Clinical Breast Exam (CBE) and Mammography
- Colorectal Screening
- Cervical Cancer Screening
- Prostate Specific Antigen Test and Digital Rectal Exam


Inside Pan American Health Organization http://www.paho.org/PNPP