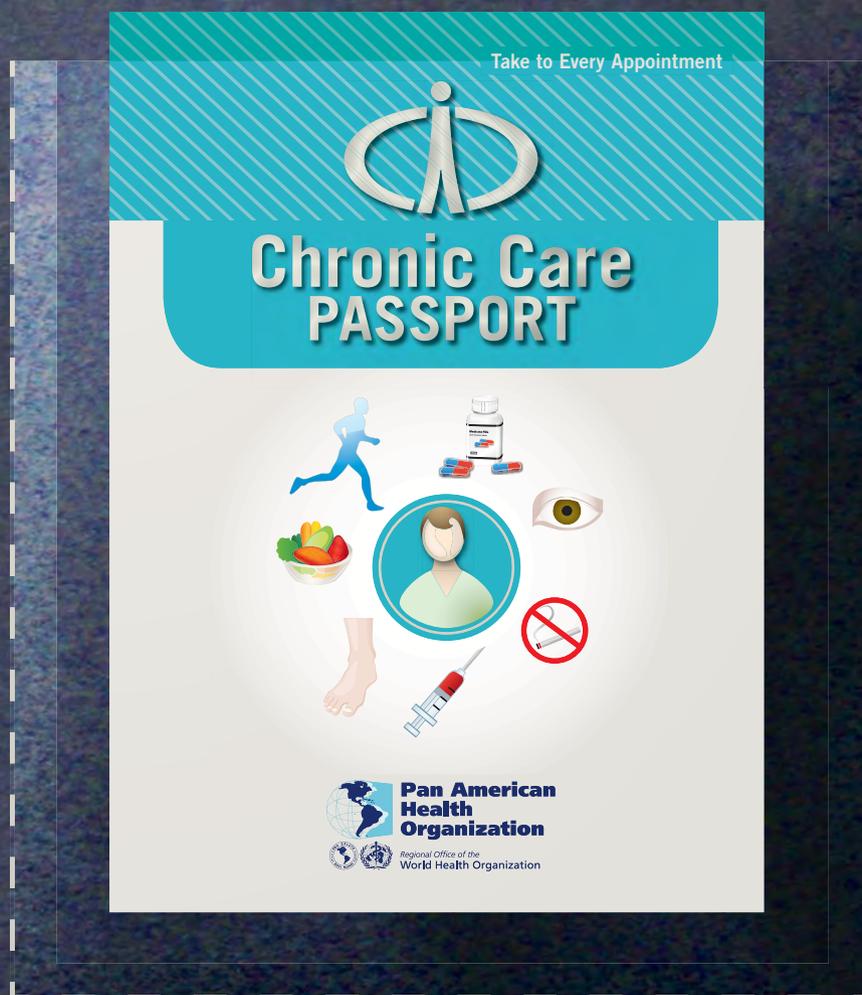


# INSTRUCTIONS FOR COMPLETING THE CHRONIC CARE PASSPORT



## **?** 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.), ID, Date of Birth (DD/MM/YY), Emergency Contact Information (Name and Phone Number).
- Height (cm./in.), Weight (kg./lb.) and BMI at registration or the day you fill the Passport.
- Your patient's sex.
- Patient's allergies, if any.

## **!** ADVISE RECOMMEND THE FOLLOWING TO YOUR PATIENT:

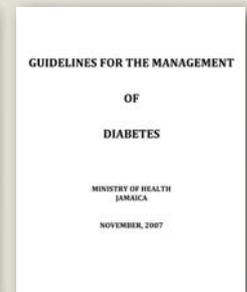
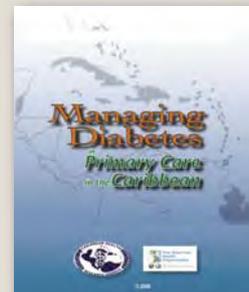
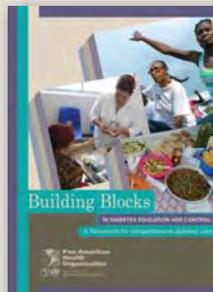
- Daily regimen of 3 meals and 3 snacks, if your patient has diabetes.
- Moderate intake of carbohydrates, proteins, fats and salt.
- Increase consumption of fish, fiber, fruits and vegetables.
- Not to smoke and avoid excessive use of alcohol.

## **✓** ASSESS 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 every visit.
- Record weight at every visit.
- Test urine for protein once a year.
- 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.
- Review nutrition and physical activity pattern.
- Review medication.
- If your patient is on insulin, check injection sites.
- Discuss any other health problems your patient may have.

### DIABETES

If your patient has diabetes, please refer to **Building Blocks in Diabetes Education and Control** (PAHO, 2010) [http://new.paho.org/hq/index.php?option=com\\_docman&task=doc\\_download&gid=6626&Itemid=](http://new.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=6626&Itemid=) , **Managing Diabetes in Primary Care** (CHRC, 2008) <http://www.chrc-caribbean.org/files/Guidelines/Diabetes%20Guidelines.pdf>, **Guidelines for the Management of Diabetes** (Jamaica) (Not available on line) for more information.



### 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: If there is a program in place to assure diagnosis, effective treatment, and follow-up of depression, screen 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.



# ASSESS RISK SCORE:

Asses 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.

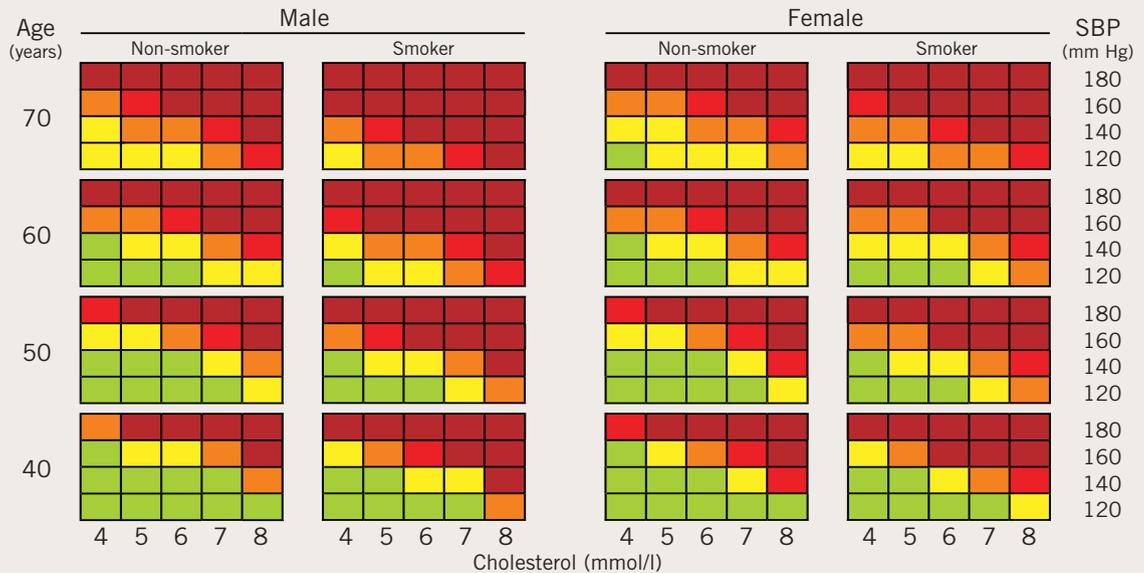
Write your patient's score in the appropriate box on the passport.

## WORLD HEALTH ORGANIZATION (WHO)/ INTERNATIONAL SOCIETY OF HYPERTENSION (ISH) RISK PREDICTION CHARTS

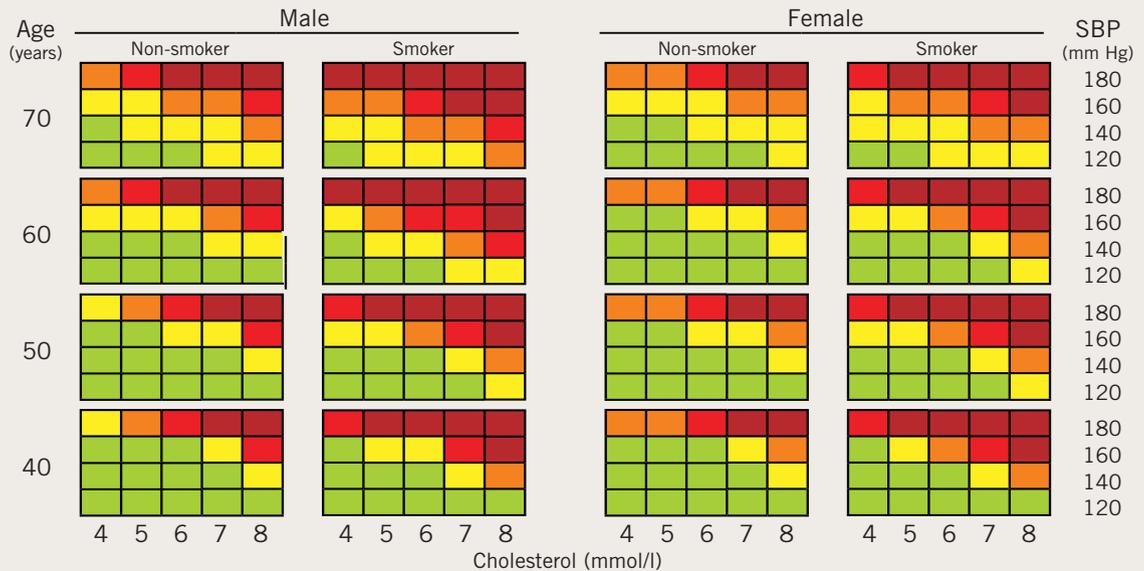
- WHO/ISH risk prediction chart for AMR B. 10-year risk of a fatal or non-fatal cardiovascular event by gender, age, systolic blood pressure, total blood cholesterol, smoking status and presence or absence of diabetes mellitus.

Risk Level ■ <10% ■ 10% to <20% ■ 20% to <30% ■ 30% to <40% ■ ≥ 40%

People with Diabetes Mellitus



People without Diabetes Mellitus



This chart can only be used for countries of the WHO Region of the Americas, sub-region B, in settings where blood cholesterol can be measured.

## 2.

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, smoking status and presence or absence of diabetes mellitus.

Risk Level ■ <10% ■ 10% to <20% ■ 20% to <30% ■ 30% to <40% ■ ≥ 40%



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 (Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Brazil, Chile, Colombia, Costa Rica, Dominica, Dominican Republic, El Salvador, Grenada, Guyana, Honduras, Jamaica, Mexico, Panama, Paraguay, Saint Kitts And Nevis, Saint Lucia, Saint Vincent and The Grenadines, Suriname, Trinidad and Tobago, Uruguay, Venezuela).

**PLEASE** NOTE THAT IF YOUR PATIENT HAS DIABETES, BLOOD PRESSURE SHOULD BE UNDER 130/80 MM HG

### ! ADVISE

- Discuss your patient's goals, especially those for blood glucose and blood pressure.
- 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 ex-smoker, repeat the smoking question at every visit. Inquire about exposure to second hand smoke.

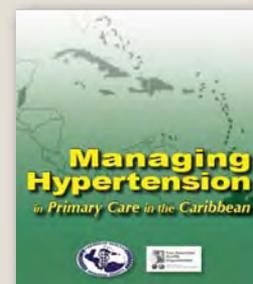
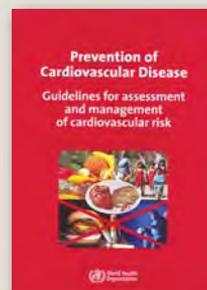
### Smoking

- ASK** ▶ All patients if they smoke
- ADVISE** ▶ Smokers to quit
- ASSESS** ▶ Readiness to quit
- ASSIST** ▶ Patient with a quit plan or provide information on specialist support
- ARRANGE** ▶ Referral to specialist support if necessary and available

For more information on tobacco control refer to the online course Tobacco and Public Health at the PAHO Virtual Campus <http://devserver.paho.org/virtualcampus/moodle/course/view.php?id=81&topic=0>

### CARDIOVASCULAR DISEASES

For more information refer to **Prevention of Cardiovascular Diseases. Guidelines for Assessment and Management of Cardiovascular Risk** (WHO, 2007) [http://www.who.int/cardiovascular\\_diseases/guidelines/Full%20text.pdf](http://www.who.int/cardiovascular_diseases/guidelines/Full%20text.pdf) and **Managing Hypertension in Primary Care in the Caribbean** <http://www.chrc-caribbean.org/files/Guidelines/Hypertension%20Guidelines.pdf>.





# ASSESS NUTRITION:

- 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.

## BODY MASS INDEX (BMI) CHART

Weight	lbs	100	105	110	115	120	125	130	135	140	145	150	155	160	165	170	175	180	185	190	195	200	205	210	215	
	kgs	45,4	47,6	49,9	52,2	54,4	56,7	59,0	61,2	63,5	65,8	68,0	70,3	72,6	74,8	77,1	79,4	81,6	83,9	86,2	88,5	90,7	93,0	95,3	97,5	
Height	ft/in																									
	cm																									
5'0"	152,4	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	
5'1"	154,9	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	36	37	38	39	40	
5'2"	157,5	18	19	20	21	22	22	23	24	25	26	27	28	29	30	31	32	33	33	34	35	36	37	38	39	
5'3"	160,0	17	18	19	20	21	22	23	24	24	25	26	27	28	29	30	31	32	32	33	34	35	36	37	38	
5'4"	162,6	17	18	18	19	20	21	22	23	24	24	25	26	27	28	29	30	31	31	32	33	34	35	36	37	
5'5"	165,1	16	17	18	19	20	20	21	22	23	24	25	25	26	27	28	29	30	30	31	32	33	34	35	35	
5'6"	167,6	16	17	17	18	19	20	21	21	22	23	24	25	25	26	27	28	29	29	30	31	32	33	34	34	
5'7"	170,2	15	16	17	18	18	19	20	21	22	22	23	24	25	25	26	27	28	29	29	30	31	32	33	33	
5'8"	172,7	15	16	16	17	18	19	19	20	21	22	22	23	24	25	25	26	27	28	28	29	30	31	32	32	
5'9"	175,3	14	15	16	17	17	18	19	20	20	21	22	22	23	24	25	25	26	27	28	28	29	30	31	31	
5'10"	177,8	14	15	15	16	17	18	18	19	20	20	21	22	23	23	24	25	25	26	27	28	28	29	30	30	
5'11"	180,3	14	14	15	16	16	17	18	18	19	20	21	21	22	23	23	24	25	25	26	27	28	28	29	30	
6'0"	182,9	13	14	14	15	16	17	17	18	19	19	20	21	21	22	23	23	24	25	25	26	27	27	28	29	
6'1"	185,4	13	13	14	15	15	16	17	17	18	19	19	20	21	21	22	23	23	24	25	25	26	27	27	28	
6'2"	188,0	12	13	14	14	15	16	16	17	18	18	19	19	20	21	21	22	23	23	24	25	25	26	27	27	
6'3"	190,5	12	13	13	14	15	15	16	16	17	18	18	19	20	20	21	21	22	23	23	24	25	25	26	26	
6'4"	193,0	12	12	13	14	14	15	15	16	17	17	18	18	19	20	20	21	22	22	23	23	24	25	25	26	

- Underweight
- Ideal
- Overweight
- Obese
- Extremely obese
- Underweight =12-18
- Normal healthy weight = 19-24
- Overweight (25-29 KG/M2)
- Obese= 30-39
- Extremely obese= 40+

- Calculate the number of calories as follows:**

If BMI<19 Kg/m2: calculate 30-50 Calories/Kg depending on physical activity.

If BMI<19-24 Kg/m2: calculate 30-40 Calories/Kg depending on physical activity.

If BMI>24 Kg/m2: 20-25 Calories/Kg.



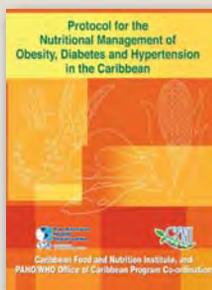
## ADVISE

- Prepare a Meal Plan**

Distribute calories in three meals and three snacks. Suggestion for daily distribution of calories:

Breakfast .....	30%
Lunch .....	20%
Dinner .....	20%
3 Snacks (each) .....	10%
Total .....	100%

For a food exchange list and more information refer to the **Protocol for the Nutritional Management of Diabetes and Hypertension in the Caribbean** (CFNI, 2004). [http://new.paho.org/cfni/index.php?option=com\\_docman&task=doc\\_download&gid=54&Itemid=](http://new.paho.org/cfni/index.php?option=com_docman&task=doc_download&gid=54&Itemid=)



## Physical Activity



- ASK** ▶ All patients if they are physically active
- ADVISE** ▶ All patients to do at least 30 minutes of physical activity most days
- ASSESS** ▶ Motivation to get involved in physical activity
- ASSIST** ▶ By providing information on different forms of physical activity
- ARRANGE** ▶ Follow-up on changes in physical activity pattern

## Eating Habits



- ASK** ▶ All patients about eating habits
- ADVISE** ▶ Consumption of 5 servings of fruit and vegetable per day
- ASSESS** ▶ Changes in eating patterns
- ASSISTS** ▶ With a meal plan if necessary
- ARRANGE** ▶ Referral to a nutritionist if necessary and available

**PLEASE REVIEW THE CARE PLAN AND GOALS IN YOUR PATIENT'S CHRONIC CARE PASSPORT**



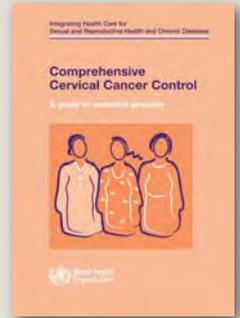
## ASSESS PREVENTIVE MEASURES:

- Order preventive measure as appropriate including a pap smear if your patient is a woman of 30 or more years of age, a clinical 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 persistent cough for more than 2 weeks.
- If your patient has respiratory symptoms, always order a sputum to rule out tuberculosis (this information should be kept in the medical record and will not be written in the passport). Rule out tuberculosis if your patient has uncontrolled diabetes.
- Recommend HIV testing and counseling (Provider-Initiated Testing and Counseling or PITC) 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.

For more information on breast examination, please refer to **International Breast Health and Cancer Control** (BHGI, 2009) <http://onlinelibrary.wiley.com/doi/10.1002/cn-cr.23980/pdf>



For more information on cervical cancer, please refer to **Comprehensive Cervical Cancer Control: a Guide to Essential Practice** (WHO, 2006) [http://whqlibdoc.who.int/publications/2006/9241547006\\_eng.pdf](http://whqlibdoc.who.int/publications/2006/9241547006_eng.pdf)



## GENERAL PREVENTION GUIDELINES

TEST	AGE			
	20	30	40	50+
BMI	Each regular health care visit			
Blood Pressure (BP)	Each regular health care visit or at least once every 2 years if BP < 120/80 mm Hg			
Lipid Profile	Every 5 years			
Blood Glucose Test	Every 3 years			
Clinical Breast Exam (CBE) and Mammography	CBE every 3 years		Yearly CBE and Mammography	
Cervical Cancer Screening	Every 1-3 years, depends on type of test and past results			
Colorectal Screening	Frequency depends on test preferred			
Prostate Specific Antigen Test and Digital Rectal Exam	Offer yearly; assist informed decisions			



## ARRANGE

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



**Pan American Health Organization**



Regional Office of the World Health Organization