



**Guidelines for Health Maintenance Screenings for Adult Residents ages 19-69 in Long Term Care facilities<sup>1</sup>**  
*Each resident is unique, therefore these guidelines are a guide to help Primary Care Providers consider minimum screenings for their long term care residents. These guidelines are considered a model of care that should be adjusted to each individual resident, their needs, condition and their goals. Providers should discuss the potential risks and benefits of screening with individual residents, guardians or health care proxy.*

Adult Health Care Maintenance

Advanced Directives Annually and as needed

AGE	19-29 years	30-39 years	40-49 years	50-64 years	65 years -70 years
Physical Exam	per regulation				
History Initial/Interval	At each medical encounter				
Measurements					
Height & Weight (BMI)	Screen for overweight and eating disorders at least annually Per Minimum Data Set hgt and wgt must be obtained quarterly				
Blood Pressure	At every medical encounter, at least annually				
Oral Health Visits	Promote dental health through regular oral hygiene practices, assessment by dental professional annually ( DDS [Department of Developmental Disabilities Services] residents every 6 months) and timely management of dental disease				
Cholesterol	Starting at age 20, every 5 years or Provider's discretion				
Diabetes (Type 2)	Every 5 years until age 45 if high risk.		Blood glucose or A1c test starting at age 45 and every 3 years.		
Liver Function	Annually for Hepatitis B carriers.		At Provider's discretion after consideration of risk factors including long term use of prescription medications		
Thyroid Function	Baseline for women at Provider's discretion				
Cancer Screenings					
Mammography	Clinical breast exam every three years and self examination instruction as appropriate		Clinical breast exam and annual mammography at discretion of Provider's		Mammography annually until age 69. 70+ at Provider's discretion
Cervical Cancer	1st pap smear and HPV by 3 yrs after 1st sexual encounter or by age 21, q 2 yrs 21-29, then annually at Provider's discretion				may be omitted after age 65 if previous exams normal
Colorectal Cancer	Not routine until age 50 unless at high risk			Fecal Occult blood testing (FOBT) and sigmoidoscopy q 5 years or annual FOBT and colonoscopy q 10 yrs. Provider discretion age 80+	
Testicular & Prostate Cancer	Prostate cancer screening if high risk. Clinical testicular exam at Provider's discretion		PSA and digital rectal exam (DRE) for high risk residents		50 + testing at Provider's discretion with PSA and/or DRE
Skin Cancer	total skin examinations q 3 yrs 20-39		annual total skin exams 40 + or Provider's discretion		
Dysphagia & Aspiration	Common in individuals with DD or neuromuscular dysfunction. Initial screen and inquire about changes at annual physical				
Cardiovascular Disease	Screen earlier for malformations and cardiac disease in DDS residents.		Per Providers Discretion		
Osteoporosis	Bone density screening Provider's age 19 if risk factors present		Baseline bone density and q 2 yrs at Provider's discretion		
Hearing Assessment	Annually for DDS residents.		Baseline at 18 years then q 10 yrs until 49		50 + q 3 yrs.
AGE	19-29 years	30-39 years	40-49 years	50-64 years	65 years -70 years
Vision Assessment	All DDS residents should be under an active vision care plan and eye exam schedule based on guidelines from an eye specialist				
	Other Residents		40-49 baseline exam then q 2-4 yrs until age 55 then q 1-3 years until 65		65+ eye exam q 1-2 yrs
Glaucoma Screening	Based on eye exam schedule and ophthalmologist/optometrist discretion				
Immunizations	Per current CDC and American Academy of Family Practitioners guidelines				
TB Testing	q 1-2 yrs for high risk residents				per Provider's discretion
Etoh and illicit drug use	per provider's discretion for residents at risk				
Sexually Transmitted Diseases	annually for residents at risk				per Provider's discretion
HIV	periodically for residents at risk				per Provider's discretion
Hep B	periodically for residents at risk				per Provider's discretion
Hep C	periodically for residents at risk				per Provider's discretion
Dementia	Screen annually for sleep issues, appetite disturbance, weight loss, general agitation				
Depression	Monitor for problems performing daily activities				
In addition for residents with Down Syndrome					
Thyroid function test	Q 3 years (sensitive TSH)				
Cervical spine x-ray	for DDS residents obtain baseline as an adult for atlanto-axial instability. Recommend repeat if symptomatic or 30 years after baseline				
Echocardiogram	obtain baseline if no records of cardiac function are available				

<sup>1</sup> Based on review of the following primary guidelines/resources  
 i. Massachusetts health Quality Partners Adult Preventive Care Recommendations 2007/8  
 ii. United States Preventive Services Task Force 2009  
 iii. Massachusetts Department of Developmental Services Screening Recommendations 2009  
 iv. Department of Health and Human Services Women's Health Office General Screenings and Immunizations for Women 11/16/09  
 v. Department of Health and Human Services Women's Health Office General Screenings and Immunizations for Men 11/16/09