



Guidelines for Health Care Maintenance Screenings for Adult Residents in Long Term Care facilities age 70+¹

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.

Advanced Directives	Annually and as needed
AGE	70 and older
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 each visit
Oral Health Visits	Promote dental health through regular oral hygiene practices, assessment by dental professional (DDS [Dept of Disability Services] residents every 6 months) and timely management of dental disease
Cholesterol	Every 5 years
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 clinician's discretion after consideration of risk factors including long term use of prescription medications
Thyroid Function	Every 2-3 years at Provider's discretion
Cancer Screenings	
Mammography	Every 1-2 years up to age 80
Cervical Cancer	At provider's discretion
Colorectal Cancer	Fecal Occult Blood test annually
Testicular & Prostate Cancer	PSA at Provider's discretion
Skin Cancer	At provider's discretion
Dysphagia & Aspiration	Common in individuals with DD or neuromuscular dysfunction. Initial screen and inquire about changes at annual physical
Osteoporosis	Bone density screening at least once and every 2 years at Provider's discretion
Hearing Assessment	Consider annually
Vision Assessment	All DDS residents should be under an active vision care plan and eye exam schedule based on guidelines from an eye specialist
	Consider annually for other residents
Glaucoma Screening	Based on eye exam schedule and ophthalmologist/optometrist discretion
Etoh and illicit drug use	Per provider's discretion for residents at risk
Immunizations	Per current CDC and American Academy of Family Practitioners guidelines
TB Testing	q 1-2 yrs for high risk residents
Sexually transmitted diseases	annually for residents at risk
HIV	periodically for residents at risk
Hep B	periodically for residents at risk
Hep C	periodically for residents at risk
Dementia	Initially and as needed
Depression	Monitor for problems performing daily activities, more frequent screenings if symptomatic
In addition: for residents with Down Syndrome	
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

¹ Based on review of the following guidelines/resources

- i. Massachusetts Health Quality Partners Adult Preventive Care Recommendations 2007/8
- ii. United States Preventive Services Task Force Guidelines 2009
- iii. American Family Physicians Geriatric Screening and Preventive Care 2008
- iv. Massachusetts Department of Developmental Disabilities Services Screening Recommendations 2009
- v. United States Department of Health and Human Services Office of Women's Health General Screenings and Immunizations for Women 11-16-09
- vi. United States Department of Health and Human Services Office of Women's Health General Screenings and Immunizations for Men 11-16-09