

# Prevention and Screening – Clinical Protocol

## Assessment and Recognition

1. The Physician will order lab screening tests that are relevant to monitoring the individual's medication regimen or identifying modifiable risks and complications.
  - a. Most routine annual or other periodic laboratory screening (that is, not related to the monitoring of specific medical conditions) has not been demonstrated to be clinically valuable or cost-effective unless targeted specifically to a resident's conditions, risks, or medication regimen.
2. The staff and Physician will address ethical issues related to situations where residents decline (or are unlikely to benefit from) aggressive medical interventions, screening, or preventive interventions.
3. Attending Physician will identify primary, secondary, and tertiary preventive and screening measures.
  - b. Primary prevention is aimed at reducing the incidence of a disease or condition by preventing its onset; for example, immunizations, injury prevention, medication adjustments to prevent adverse drug reactions, fall prevention measures, pressure ulcer prevention measures, management of risk factors for delirium, measures to optimize mobility, prophylaxis of osteoporosis, and stroke prevention.
  - c. Secondary prevention targets early identification of a disease or condition to limit its course and complications.
  - d. Tertiary prevention focuses on prevention of additional problems, complications, and functional impairments that might otherwise result from a disease or disability that is not preventable or fully correctable.

Secondary and tertiary preventive measures may include control of hypertension to prevent cardiovascular disease and stroke, treating existing dental disease, managing diabetes and diabetic complications, visual and hearing aids, managing medication complications, addressing treatable causes of incontinence, screening for depression, treating existing osteoporosis, and addressing injury risks from falling.