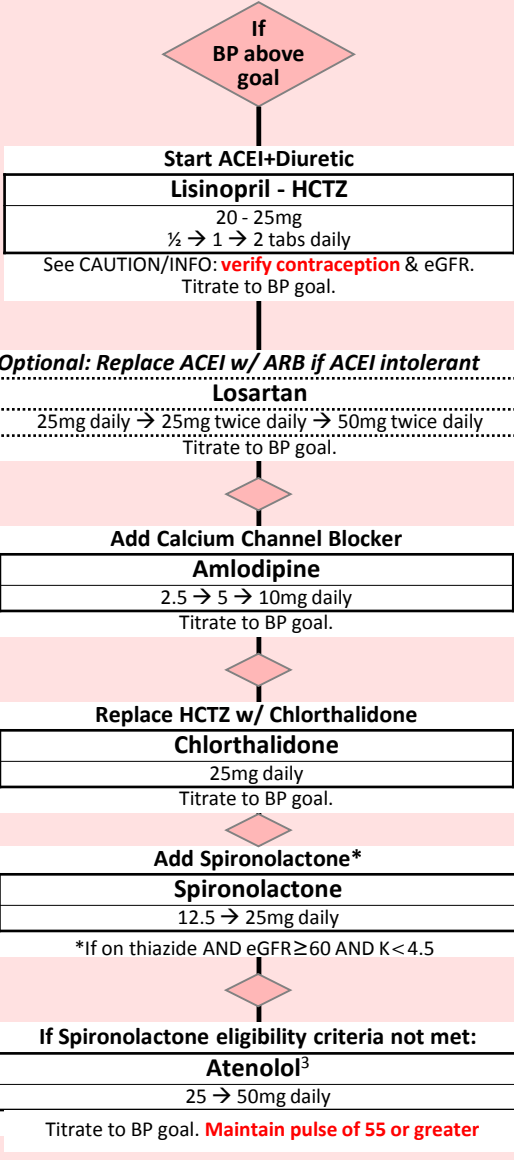


BP Goals¹

≤ 139/89: < 60 yrs and/or DM, and/or CKD²:
 ≤ 149/89: ≥ 60 yrs, no DM, CKD/nephropathy

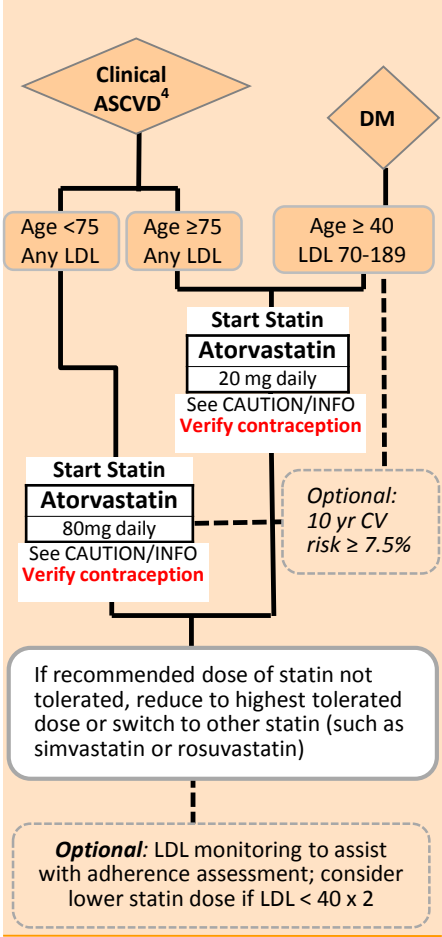


¹ BP algorithm applies if eGFR ≥ 30 and if LVEF ≥ 40%.
² CKD: Microalbuminuria or [(age/2) + eGFR] < 85
³ Beta Blockers, independent of their mild anti-hypertensive effect, are sometimes indicated for secondary cardio-protection

Statin Goals

Atorvastatin 40-80 mg:
 • Clinical ASCVD⁴ Age < 75 + any LDL

Atorvastatin 10-20 mg:
 • Clinical ASCVD Age ≥ 75 + any LDL
 • DM: Age ≥ 40 + LDL 70-189



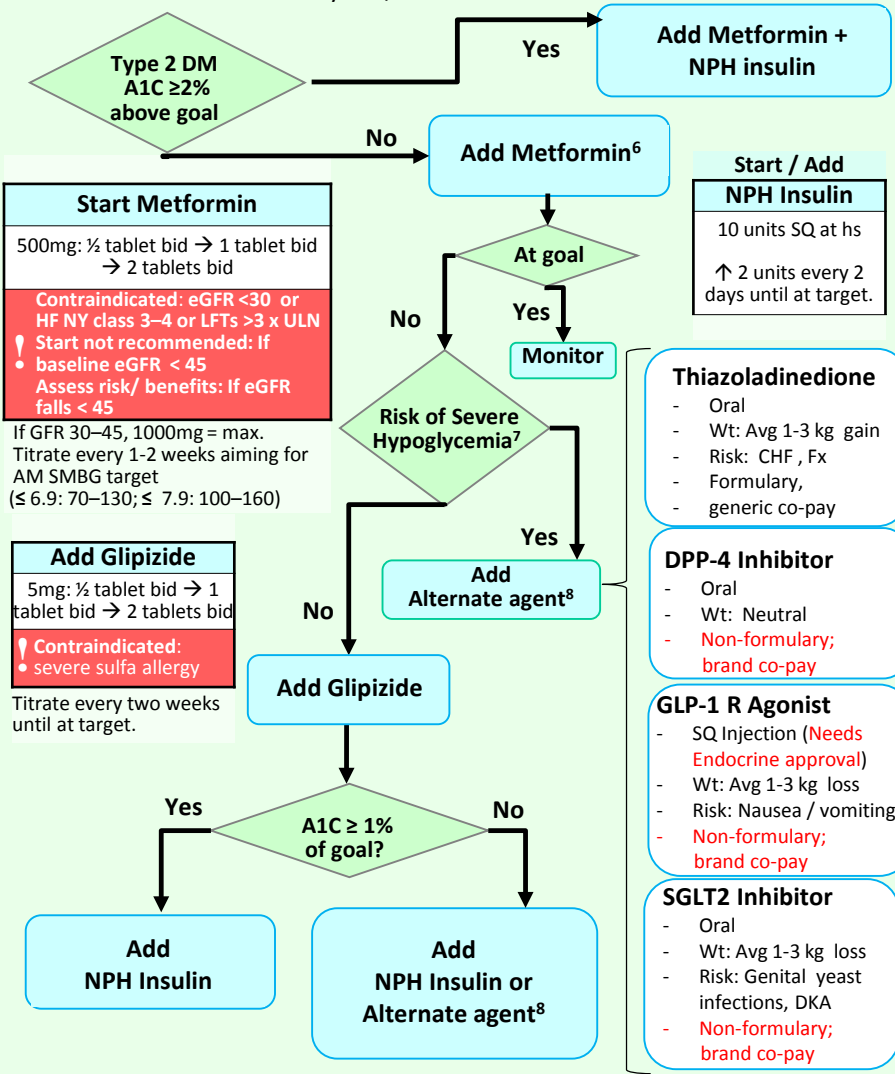
⁴ Clinical Atherosclerotic Cardiovascular Disease (ASCVD), defined as: CAD, TIA/CVA, Symptomatic PAD.
 Adapted from KPNC CPG for: CAD, DM, Cholesterol, HTN, HF and Stroke
 Complete guidelines can be found in the Clinical Library at <http://cl.kp.org>

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A1c Goals

≤ 7.9%: ≥ 65 yrs or clinical factors⁵
 ≤ 6.9%: < 65 yrs w/o clinical factors

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⁵ Individualize A1c goal based on risk of hypoglycemia, duration of DM, life expectancy, comorbidities, vascular complications, member resources and support system.
⁶ If intolerant to immediate release metformin, **strongly** consider sustained release metformin.
⁷ **Severe Hypoglycemia** = Hypoglycemia resulting or likely to result in seizures, loss of consciousness, or needing help from others. **Mild to moderate hypoglycemia** = recognized signs and symptoms of neuro-glycopenia such as hunger or sweating that the patient can effectively self-treat.
⁸ A1c above goal after 3 months despite non-insulin agents, **strongly** consider discontinuing ineffective medications and initiating insulin + metformin.