

# UTAH PREVENTIVE CARE RECOMMENDATIONS

## Adult-Ages 19 and Above

### COUNSELING

#### CONTENTS:

- Tobacco Use
- Physical Activity and Sedentary Behavior
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#### TOBACCO USE

Follow the 5 A's

1. **Ask** – take a history of all types of tobacco use (cigarette, e-cigarette, “vape”, cigar, cigarillo, hookah, spit, snuff, etc.) at each visit. Take history of all quit attempts.
2. **Advise** – strongly urge all tobacco users to quit
  - Use direct, face-to-face advice and suggestions
  - Give a clear, strong, personalized, brief, unambiguous, informative message
  - Provide a written prescription to patient to quit using tobacco.
3. **Assess** – determine willingness to make a quit attempt
  - If the patient is unwilling to make a quit attempt at this time, provide a motivational intervention (5 R's – Relevance, Risks, Rewards, Roadblock, Repetition)
4. **Assist** – aid the patient in quitting
  - Agree on a specific “quit date”
  - Provide self-help materials:
    - Intermountain's self-quit guide is available in [English](#) and [Spanish](#) to order from the iPrint store.
  - Recommend appropriate use of pharmacotherapy
  - Counseling program should be an adjunct if using Nicotine Replacement Therapy
  - Refer SelectHealth members to Intermountain Tobacco Cessation Programs:
    - Quit for Life® – 866-784-8454 (Phone based individual counseling), available in Spanish by choosing option 2 (y oprima 2).

- Refer all teens, Medicaid patients, uninsured or underinsured to the free Utah Tobacco Quit Line – 1-800-QUIT-NOW (1-800-784-8669), available 24/7. Spanish Quit Line: 1-855-DEJELLO-YA (1-855-335-3569), available 8am to 10pm
  - [FAX](#) referral to the quit line is available. Patients referred will receive a call from the quit line to initiate services.
- Refer patients to [waytoquit.org](http://waytoquit.org) for more cessation help.

**5. Arrange** – follow up with recommendations

- Follow-up phone call on quit date
- Schedule reinforcement “support visits” soon after quit date
- Flag chart of smokers and repeat advice and encouragement with each visit
- Patient should avoid smoking near bedding, or when using oxygen

## PHYSICAL ACTIVITY AND SEDENTARY BEHAVIOR

Prescribe regular physical activity and set specific goals with patients in the areas of:

- Aerobic training (5-7 days per week)
- Muscle strengthening (2-3 days per week)
- Flexibility (2-3 days per week)

At a minimum, patients should be engaged in 150 minutes per week of moderate-intensity physical activity (e.g. brisk walking). Patients with a goal of weight loss or weight maintenance should be encouraged to work up to at least one hour of activity on most days of the week.

Sedentary time such as sitting at work, watching TV, spending time on the computer, or playing video games should be limited and should be broken up by short bouts of moderate physical activity.

Use the Intermountain [Rx to LiVe Well](#) to recommend physical activity level to patients. Provide education such as the [LiVe Well Move More handout](#).

Advise patients wishing to control weight to track their food intake and physical activity. A helpful tool is the Intermountain [Weigh to Health Habit Tracker](#). There is also a [1-week habit tracker](#) available.

The Intermountain Weigh to Health [self-management guide](#) and [habit tracker](#) is available online or it can be ordered from the [iPrint store](#).

## NUTRITION

Energy balance is the key to maintaining a healthy weight. Counsel on appropriate calorie intake and activity level to maintain healthy weight. As a reference, link to the Institute of Medicine [estimated calories required](#) by gender, age and activity level. Calorie requirements may need to be adjusted downward for individuals who have lost weight and are trying to maintain a lower weight than their highest previous weight.

Counsel about the appropriate intake of fats, cholesterol, complex carbohydrates, fiber, sodium, and calcium:

- Avoid added sugar in foods (these include various types of sugars such as corn syrups, fructose, dextrose, agave, honey)
- Avoid sweetened drinks
- Limit alcohol
- Drink adequate fluids, preferably 6-8 cups of water a day
- Avoid saturated and trans fats (i.e. partially hydrogenated and hydrogenated)
- Limit total fat to less than 30% of calories
- Limit saturated fat to less than 10% of calories
- Limit dietary cholesterol to less than 300 mg/day
- Limit Sodium to less than 1500mg/day
- Emphasize the consumption of fruit (2 cups/day), vegetables (2 ½ cups/day), low-fat dairy products (3 cups/day), whole grains and heart-healthy proteins such as fish, poultry, legumes, nuts/seeds
- Fiber intake at least 38 g/day for men and 25 g/day for women (ages 19-50)
- Fiber intake at least 30 g/day for men and 21 g/day for women (ages 50 and above)
- Daily intake of Calcium and Vitamin D should be:

	Calcium	Vitamin
Age 19-50	1000 mg	600 IU
Age 51-70	1200 mg	600 IU
Age 71+	1200 mg	800 IU

Dietary intake of calcium is preferred over supplementation

#### Counsel about healthy eating habits:

- Eat a balanced, nutritious breakfast every day
- Eat meals together as a family
- Read food labels
- Be mindful of foods while eating by avoiding distractions such as television or cell phone use. Sit down when consuming a meal.
- Limit fast foods
- Limit processed and packaged foods
- Remove foods you wish to avoid from your home environment
- Avoid consuming food close to bedtime
- Be aware of portion sizes and wait 20 minutes prior to eating seconds.

The [LiVe Well Eat Well handout](#) and the Intermountain Weigh to Health [self-management guide](#) and [habit tracker](#) are available online or can be ordered from the [iPrint store](#).

To lower the risk of neural tube defects, 0.4 mg/day of supplemental folic acid should be prescribed for all women considering becoming pregnant. If there is a history of neural tube defect with a previous pregnancy, 4-5 mg/day per day of folic acid should be prescribed.

Consider intensive behavioral dietary counseling in patients with hyperlipidemia and other known risk factors for cardiovascular disease and diet related chronic diseases.

## OBESITY

According to Intermountain's [Lifestyle and Weight Management Care Process Model](#), patients should be assessed for degree of overweight and obesity and using body mass index (BMI) and waist circumference. They should be assessed for comorbidities, possible contributory conditions and medications, and indicators of eating disorders. The [Lifestyle and Health Risk Questionnaire](#) provides added insight into patient behaviors which contribute to obesity.

Key components of weight management include physical activity, nutritional counseling and coaching for lifestyle management.

Referral to a dietician at an Intermountain Healthcare facility for a structured weight loss program (either one-on-one counseling or group class) is advised.

The level of intensity of the follow-up by the clinical team (PCP, care manager, dietitian or other specialist) are predictors of therapeutic success. The USPSTF recommends high intensity, multicomponent behavioral interventions (defined as at least 12 to 26 sessions in the first year, including self-monitoring, setting weight loss goals, addressing barriers to change and strategizing to maintain long-term changes in lifestyle). Frequent follow-up is critical to promote accountability, measure progress, trouble-shoot barriers, and to recognize and celebrate short – and long-term success.

Tools to assist clinicians include a [Clinic Team Process Worksheet](#) for identifying roles of staff, resources available, processes and goals; a [Readiness Worksheet](#) to help patients prioritize lifestyle changes and goals; and a [Rx to LiVe Well](#) to assist in goal setting, referrals and a follow-up plan.

Consider other therapies such as very-low calorie diets, pharmacologic therapy and bariatric surgery for appropriate high-risk patients.

Patient education tools include the Intermountain Weigh to Health [self-management guide](#), and [habit tracker](#), which are available online or can be ordered from the [iPrint store](#).

## SLEEP

Adults should optimally get 7 to 9 hours of sleep each day.

The [LiVe Well Sleep Well](#) handout is available online or can be ordered from the [iPrint store](#).

## ENVIRONMENTAL HEALTH

Refer to the [Outdoor Air Quality and Health CPM](#).

Outdoor Air Quality should be considered when counseling patients about activity. Counsel patients (specifically those at highest risk: pregnant women, very young children, persons with asthma, lung disease, stroke, heart disease) to adjust activity or stay indoors during inversions and other periods of high Air Quality Index (AQI). Provide patient fact sheets

## SUBSTANCE USE

Refer to the [Substance Use Disorder CPM](#)

Routinely ask about recreational drug use, prescription drug misuse, and alcohol use (frequency, quantity).

Use the Intermountain-Modified NIDA Quick Screen at preventive visits. If positive on one or more questions, then follow SBIRT intervention (SBIRT= Screen, Brief Intervention, Referral to Treatment). Brief Intervention includes:

- Inform users of health and injury risks
- More than 2 “drinks” per day may be an indication of problem drinking (a “drink” is defined as 12 oz. Beer, a 5 oz. glass of wine, or 1.5 oz. distilled spirits)
- Counsel IV drug users on the risks of contaminated injection equipment
- Counsel patients to avoid driving when using alcohol, drugs, or medications (OTC or prescription) which impair mentation
- Develop a treatment plan

For advice on where to send patients for alcohol and drug treatment in your local area:

- SelectHealth Plan Members: 1-800-876-1989 or 801-442-1989
- Non-SelectHealth Plan Members dial 211 for community resources

Alcohol and recreational drug use are contraindicated during pregnancy, see [Opioid Use in Pregnancy CPM](#).

Naloxone hydrochloride is an emergency opioid antagonist that is FDA-approved for the treatment of opioid overdose. Naloxone is NOT a controlled substance and can be prescribed without liability. According to 2016 Utah Code, naloxone can be prescribed to any individual who is or may be at risk of opioid overdose, to a family member, friend, or other person in a position to assist an individual who is or may be at risk, or to an outreach provider. Intermountain community pharmacy and other pharmacies have collaborative agreements in place that allow patients to obtain naloxone without a prescription. For more information, refer to [Clinical Recommendations for Prescribing Naloxone in the Outpatient Setting](#) clinical guideline. (The link to this document will only work within the Intermountain firewall). Provide patients and their families and friends the fact sheet: Naloxone for Opioid Overdose in [ENGLISH](#) and [SPANISH](#).

## INJURY PREVENTION

Advise safe storage of and caution with firearms

Advise safe storage of poisons and medications

Encourage use of smoke detectors in the home, and advise patients to avoid smoking near bedding, or when using oxygen

Urge the use of eye protection during most sports and with pounding or high-speed machinery

Urge the use of helmets in open motorized vehicles and when participating in high impact sports such as bicycling, skiing, and horseback riding

Encourage periodic visual acuity testing for seniors

Counsel community-dwelling adults age 65 and older about exercise interventions to prevent falls.

Refer to the Utah Commission on Aging Utah Falls Prevention Alliance [website](#) for falls prevention resources including their [Falls Prevention Brochure](#) as an assessment tool for patients to review their risk of falling.

Advise seniors and caregivers to inspect home for adequate lighting remove or repair floor hazards, consider handrails and traction strips in stairways and bathtubs

## DRIVING

Urge the use of safety belts, airbags, and helmets, and advise against distracted driving, fatigue, and cell phone use and texting while driving.

The State of Utah Driver License Division, and its Medical Advisory Board provide guidance to health professionals who must evaluate their patients' medical ability to drive. The 2000 edition of the "Functional Ability in Driving: Guidelines and Standards for Health Care Professionals" and its updates can be found in the [Driver License Medical Standards](#) or by contacting the Utah Driver License Division at (801) 965-4437 to request copies. Use the [Functional Ability Medical Form](#) when evaluating a patient driving ability.

Intermountain Healthcare's Fact Sheet: Driving with a Chronic Health Condition in [ENGLISH](#) and [SPANISH](#) provides helpful tips to patients whose health has impacted their driving.

## FAMILY PLANNING

Obtain history of sexual practices

The following questionnaires assess sexual health history on patients for family planning, contraception evaluation, or sexually transmitted infection risk:

- [Sexual Health History Form – Women](#), or
- [Sexual Health History Form – Men](#)

(These forms were adapted from the Planned Parenthood Association of Utah Health History Form)

Provide counseling on the prevention of unintended pregnancy and contraceptive options to all sexually active women and men who do not want to have a child

## SEXUALLY TRANSMITTED INFECTIONS

Complete sexual history on all patients

The following questionnaires assess sexual health history on patients for family planning, contraception evaluation, or sexually transmitted infection risk:

- [Sexual Health History Form – Women](#), or
- [Sexual Health History Form – Men](#)

(These forms were adapted from the Planned Parenthood Association of Utah Health History Form) Counsel patients to abstain from high-risk behavior and on the use of latex condoms with non-mutually faithful monogamous partners

Counseling and testing for HIV, gonorrhea, syphilis, chlamydia should be offered to all persons at risk for infection

Use of N-9 (spermicidal contraceptive) or use of N-9 as a lubricant can increase the risk of HIV transmission and should be avoided

## DENTAL HEALTH

Visit dentist regularly (at least every 1-2 years)

Encourage to brush and floss daily with fluoride toothpaste

Clinicians should be alert for dental and gingival disease

## SKIN CANCER

Counsel patients to avoid excess sun exposure and to use protective clothing such as shirts and hats and sun block with a SPF<sub>≥</sub>15 when outdoors

When examining patients at high risk for skin cancer, clinicians should remain alert for the ABCDs of pigmentation skin lesions (**A**symmetry, **B**order irregularity, **C**olor variability, **D**iameter > 6mm, or rapid changes

## ADVANCE CARE PLANNING

Discuss advance care planning (durable power of attorney for health care) with all patients

Provide a copy of Intermountain's Advance Care Planning Booklet for [Utah](#) to patients.

All patients should be advised to contact their legal counsel or state attorney general's office for information to develop their living will medical treatment plan and special power of attorney.

The Utah Department of Aging and Adult Services has compiled a set of resources for clinicians and their patients regarding advance directives. The [Advance Directive Provider Guide](#), a [patient toolkit](#), instructions and form can be found at their [website](#)

Intermountain's Advance Care Planning Policy can be found at the [www.intermountain.net](http://www.intermountain.net) website. To access the policy, scroll over "Clinical" at the top toolbar on the website. Click on "Policies" under



the Clinical References section. Click on Policy Library. Type in “advance care” in the light blue search box of the Policy Library.