STANDING ORDER: LABORATORY MONITORING

DIVISIONS:
General Internal Medicine

General Internal Medicine Extenders are authorized through this standing order to order laboratory tests under the following conditions:

- Hemoglobin A1c
  - No hemoglobin A1c within the last 3 months
- Microalbumin (Qualitative)
  - No microalbumin within the last year
  - No current ACE-inhibitor or ARB therapy
  - No documentation of proteinuria (>300 mg/dl)
- Serum creatinine/BUN
  - No serum creatinine or BUN within the last year
  - Before initiation of Biguanide, ACE-inhibitor, ARB, Thiazide Diuretic, and/or Loop Diuretic therapies
  - After initiation or titration of Diuretic(s) ACE-inhibitor or ARB
- Potassium
  - No potassium within the last year
  - Before initiation and after titration of ACE-inhibitor, ARB, Thiazide Diuretics, and/or Loop Diuretic therapies
- Lipids
  - No lipids within the last 3 years for low risk adults
  - No lipids within the last year for high risk adults
  - Before initiation and after titration of Lipid Lowering Agent
- ALT/AST
  - Before initiation of Lipid Lowering Therapy or Biguanide therapy
- PT/INR
  - As indicated per Warfarin therapy
- Urine Toxicology Screen for Drugs of Abuse
  - As needed to monitor patients prescribed controlled substances
- Urinalysis by Chemstrip
  - Evaluation of hematuria or signs/symptoms of UTI
  - R/O bleeding or anemia
  - Follow-up previously abnormal results
- CBC with or without Differential
  - Follow-up previously abnormal results
- TSH
  - Follow-up previously abnormal results or 6 weeks or more after alteration of thyroid replacement therapy
  - No TSH within the last year and treating HTN, Hyperlipidemia, or Diabetes
- Any test or evaluation recommended verbally or in writing by the primary care provider or attending of record

The patient’s chart will be reviewed to determine if the above laboratory tests need to be ordered. Labs will be ordered via verbal order under the primary provider’s name. The pharmacists will follow-up on all ordered laboratory tests. Abnormal values will be reported to the primary care physician.

Signature: ______________________________________
Internal Medicine Clinic Director

Updated June 9, 2005