



Prediabetes	
IFG (Impaired fasting glucose) – IGT (Impaired glucose tolerance)	
HbA1c and AC glucose	Annually (Q3M for highly-motivated patients who are actively undergoing lifestyle modifications – ensure follow-up)
Lipid profile (fasting)	Annually

Note (MD): annual AC ratio is not indicated in patients with prediabetes, but creatinine should be verified prior to starting metformin (contraindicated if eGFR < 30 ml/min).

Hypertension	
HbA1c and/or AC glucose	Annually Do both tests unless otherwise specified by physician If diabetes is confirmed, discontinue AC glucose and refer to DM protocol
Creatinine (eGFR)	Annually If patient develops chronic kidney disease (CKD), refer to the appropriate regional guideline for follow-up
Lipid profile (fasting)	Annually
Na, K	Annually for patients on ace inhibitors, ARBs, or diuretics MD: creatinine, Na and K are indicated 1-2 weeks after initial dose and should be repeated 1-2 weeks after any dose increase of above medications If not done by MD, may be requested by nurse
Urinalysis (U/A)	Q 3 years, to screen for non hypertensive nephropathy (and at initial diagnosis of hypertension, if not already requested by MD)
Electrocardiogram (ECG)	MD: Not required as an annual screening test in asymptomatic patients; request as clinically indicated, e.g. as a baseline for patients at high risk for ischemia

Notes (MD):

These labs are indicated at initial diagnosis of hypertension (CHEP 2014):

- Urinalysis
- Standard 12-lead electrocardiography
- Creatinine, Na, K
- AC glucose and/or HbA1c)
- Lipid profile (fasting)

Also perform U/A in patients with established hypertension to investigate for non-hypertensive nephropathy in presence of:

- Blood pressure that is newly difficult to control
- New-onset low eGFR or rapidly-falling eGFR
- Family history or signs and symptoms of systemic disease associated with nephropathy

