Heart Health Panel: Standard Operating Procedures

Nourish

Nourish Action Plan by Lab Result

Lab test	Nourish RD Standard Operating Procedures by Non-Critical Result

Apolipoprotein B (ApoB)	*ApoB reflects the total number of atherogenic (plaque-forming) lipoprotein particles and is a stronger predictor of cardiovascular risk than LDL-C alone.*
	
	Standard reference range: <90 mg/DL
	
	90 - 129 mg/dL
	• Provide comprehensive nutrition & lifestyle counseling focused on reducing atherogenic particle burden:
	  • Emphasize soluble fiber (oats, legumes, psyllium), unsaturated fats (olive oil, nuts, seeds), and plant-forward eating
	  • Consider psyllium husk and berberine supplementation
	  • Reduce saturated fat and ultra-processed foods
	  • Encourage ≥150 minutes/week of moderate-intensity aerobic activity
	  • Counsel that ApoB reflects particle number and complements LDL-C
	• Recommend PCP follow-up within 30 days for interpretation alongside other thyroid function tests and document recommendation
	≥130 mg/dL
	• Deliver the above nutrition counseling with added emphasis on cardiovascular risk reduction
	• Strongly recommend PCP follow-up within 30 days for interpretation alongside other thyroid function tests and document recommendation

Lipoprotein(a) (Lp(a))	*Lp(a) levels are largely genetically determined and minimally responsive to diet or lifestyle; results are used to refine overall cardiovascular risk rather than guide direct nutrition lowering strategies.*
	
	Standard reference range: <75 nmol/L
	
	≥50 mg/dL or ≥125 nmol/L
	• It is crucial to confirm the units when interpreting lp(a) - see the two different units above
	• Educate patient that Lp(a) is largely genetic and not meaningfully lowered by diet; given it is inherited, they may wish to discuss results with family members and their broader care team
	• **Reinforce aggressive management of modifiable risk factors:**
	  • LDL/ApoB reduction through diet and activity
	  • Blood pressure, glycemic control, smoking cessation (if applicable)
	  • Emphasize adherence to heart-healthy dietary patterns and regular physical activity
	  • Discuss family history of cardiovascular disease as part of comprehensive risk assessment
	• Recommend PCP follow-up within 30 days for interpretation alongside other thyroid function tests and document recommendation

High-sensitivity C-Reactive Protein (hs-CRP)	*hs-CRP reflects low-grade systemic inflammation and is used as a cardiovascular risk enhancer when persistently elevated. Note: hs-CRP >10 mg/L may indicate acute infection or inflammation and requires immediate PCP evaluation.* **Standard reference range (18+ years): <1.0 mg/L** **1.0-3.0 mg/L** • Provide nutrition & lifestyle counseling targeting inflammation reduction: • Emphasize Mediterranean-style eating pattern (fiber-rich plants, fatty fish, olive oil) • Encourage regular physical activity, adequate sleep, and stress management • Screen for recent illness, injury, dental procedures, or acute inflammation that may transiently elevate hs-CRP. If recent acute illness/injury identified, consider recommending retest in 2-3 weeks after resolution • Advise patient to review result with PCP at next routine visit **>3.0 mg/L (below critical threshold of 10 mg/L)** • Ask about recent illness, infection, injury, or dental procedures that may transiently elevate hs-CRP. If recent acute illness/injury identified, consider recommending retest in 2-3 weeks after resolution • Deliver the above counseling with added emphasis on weight management and cardiometabolic risk reduction if applicable • Counsel on increased fiber intake, omega-3 fatty acids (2-3 fish meals/week) • Ask about known chronic conditions that may contribute to inflammation • Counsel on reducing refined carbohydrates, processed meats, and sugary beverages • Recommend PCP follow-up within 30 days for evaluation of persistent elevation **>10.0 mg/L** • Likely reflects acute infection, trauma, or active inflammatory disease rather than chronic cardiovascular risk • Screen for signs/symptoms of infection • Screen for rheumatologic disease, malignancy, or drug reactions • Repeat in 2-3 weeks once acute process resolves; use lower value for cardiovascular risk prediction • Recommend PCP follow-up urgently evaluation of underlying cause and document recommendation
Basic Cardiometabolic Panel	*See general SOP for additional biomarkers included in Basic Cardiometabolic Panel.*

Links to Nourish Care Pathways: *Nourish Care Pathway: Hypertension, Nourish Care Pathway: High Cholesterol*

All laboratory orders are signed by Nourish's lab ordering partner. Nourish Registered Dietitians only suggest panels and provide nutrition education based on results. Patients are recommended to review lab results with their primary care provider for formal interpretation and diagnosis.