Questions for Data Summary

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| * How many patients did we see? |
| * How many prescriptions did we fill? |
| * What medications did we fill? (Needs to include the name, strength, and quantity of medication) |
| * What blood pressures did people have? (list of all blood pressures that were taken in the given day) |
| * How many blood pressures are greater than or equal to 140/90? |
| * What blood sugars did people have? (list of all blood sugars that were taken in the given day) |
| * How many blood sugars are greater than or equal to 200? |
| * How many people seen were identified as having as diabetes? |
| * How many people seen were identified as having hypertension? |