Questions for Data Summary

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