High blood pressure: assessment and management

The following is an initial document to standardise our blood pressure assessment and management. It is not intended to take the place of clinical judgement, but to rather introduce a basic framework and make explicit our process and minimum standards.

Measurement

- Blood pressure measured with patient sitting, rested, silent, legs uncrossed
- Palpate pulse, record rate, regularity.
- 2-3 BP measurements, selecting lowest.
- Consider using larger cuff.
- Use \ to record BP reading in Medtech.

Diagnosis

If no previous diagnosis Hypertension and …

BP <130/80

- add to screening using \BP 120/80 …
- reassure patient that they have a normal blood pressure
- encourage, briefly educate with regard lifestyle advice

BP >130/80

-add to screening …
- advise 'top end of normal'
- lifestyle advice 'healthify'
- recall 12 months

BP >140/85

- add to screening using \BP 140/90
- communicate to patient 'borderline high blood pressure
- CV bloods (FBC Create Electro LFT HBA1c Lipids)
- lifestyle advice 'healthify' reduce salt, reduce alcohol, weight loss, exercise
- recall 6 months

BP >150/95

- add to screening using \BP …
- communicate to patient a 'high blood pressure' reading,
- CV bloods (FBC Create Electro LFT HBA1c Lipids)
- book patient for recheck, or prescriber appt - ideally within 2-4 weeks
- consider offering 24hr BP monitor, particularly if concern re white-coat hypertension
- consider offering a BP log in which they can get clinic or pharmacy readings recorded

BP >160/100 clinic readings (>150/95 home BP or ambulatory BP)

- as above ….
- recommend a recheck over next 2 weeks, recommend home readings or 24hr BP monitor (especially) if white-coat hypertension suspected.

BP >180/110

Refer for prescriber review within 2 weeks, if headache, blurring vision or other symptoms for same day review, patient to remain in surgery.

Management

If diagnosis of Hypertension prescriber to classify, confirm understanding and agree with patient a target for treatment – document this in classifications, enabling all members of clinical team (and patient) to work in concert.

- Typically <135 <85
- Diabetes <125 <75 and in some instances lower targets
- Clinical judgement in agreeing this individual target to be used taking into account co-morbidity, polypharmacy, frailty, adverse effects of treatment. In older patients risk of postural drop and falls may outweigh treatment benefit.

Recommend see patients at close intervals until BP treated to target, then can revert to 6 monthly, or annual review

** Offer baseline ECG – advise the patient this is best practice and worthwhile as baseline as it gives an indication whether the high pressure has caused any strain on the electrical circuity of the heart

Patients should be treated to target. All members of the clinical team when performing a blood pressure check should consider whether this is at, or near their agreed target BP