

Protocol Name	Hyper/Hypotension
Created date:	August 26 th , 2020
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Last revised:	08/26/20,

Purpose:

To assess, treat and or triage swiftly individuals presenting with high blood pressure – defined as a normal resting blood pressure > 130/89

- Low Blood Pressure: 100/60 or <
- Normal Blood Pressure: Below 120/80
- Elevated Blood Pressure: consistently 120-129/80 or lower
- High Blood Pressure (Hypertension Stage 1): 130-139/80-89
- High Blood Pressure (Hypertension Stage 2): 140 or higher/90 or higher
- Hypertensive Crisis: 180 or higher/ 110 or higher

Sign and Symptoms:

Most people are asymptomatic and these symptoms usually present only when BP is dangerously high

- Headache
- Anxiety
- Shortness of Breath
- Nosebleed
- Feeling of pulsations in the head or neck

Assessment:

- Obtain patient's history, including allergies, medication list and recent activity
- Vital Signs – heart rate, respirations, blood pressure, temperature, pain level and O2 sat level
- Do they have a history of hypertension?
- Do they take blood pressure meds? When was the last dose?
- Make sure to take blood pressure while patient is sitting in chair with feet flat on the floor
- Use appropriate sized cuff with cuff bladder encircling 80% of the arm
- Take BP in both arms

Standing Orders/Intervention:

Elevated blood pressure and Hypertension Stage 1

- Refer patient to follow up with primary care physician
- Further evaluation is necessary - usually to obtain a series of blood pressure readings over weeks or months, to determine if treatment is necessary.
- Encourage patient to obtain BP monitor from a local pharmacy to begin logging daily readings – to be able to share with primary care physician

- It may be recommended that the patient follow-up routinely with his or her primary care doctor. They should be made aware that their blood pressure is not optimal.

Hypertension 2

- Treatment with medications is likely to be necessary.
- If the patient does not have a primary care physician, arrangements should be initiated.
- If the patient has a primary care physician, refer patient to follow up accordingly – and assist in coordinating a follow up appointment and document
- The patient should not be discharged from care without proper follow-up, and should be made to understand that the medium term risk for a heart attack or stroke is unacceptably high until treatment of some kind has normalized the blood pressure.

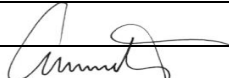
Hypertensive Crisis:

- With or without symptoms - patient needs to be hospitalized and blood pressure stabilized
- Activate 911 Emergency Services - patient should not leave the office except by ambulance
- If patient refuses 911 – then a **'Refusal of Care'** form needs to be signed by patient and must be documented on the **'Nursing Assessment'** form

Hypotensive Event: - if symptomatic [dizzy, lightheaded, faint]

- Get patient to low lying position and elevate legs higher than heart level if possible
- Encourage water or fluid intake (preferably with electrolytes)
- Recheck blood pressure
- Review need to rise slowly when standing
- Refer patient to follow up with primary care physician

Hyper/Hypotensive protocol is part of Affiliated Physician's **ON-SITE CLINIC PROGRAM**. I, hereby acknowledge, the above has been reviewed and approved. Upon clinical assessment and necessity, these orders are to be activated by an Affiliated Physician's on-site nurse and documentation of each episode is mandatory.

Medical Director – Dr. Avram Nemetz	
Signature:	
Date:	8/26/2020