



**ELEVATED BLOOD PRESSURE/PREHYPERTENSION**

<b>DEFINITION</b>	Client with blood pressure levels with a systolic of 140 mm Hg. or greater and/or a diastolic of 90 mm Hg. or greater and not taking antihypertensive medication. If blood pressure runs between 120/80 mmHg and 139/89 mmHg it is classified as prehypertension; lifestyle changes may prevent hypertension from developing. A single reading of BP level > 140 systolic or > 90 diastolic is not sufficient to classify a person as hypertensive. At least three measurements must be performed on different days to confirm the findings as abnormally elevated. Accepted normal adult range is 100-119 mmHg / 60-79 mmHg.
<b>SUBJECTIVE</b>	May include: <ol style="list-style-type: none"><li>1. No symptoms.</li><li>2. C/O headaches, blurred vision, dizziness, tinnitus, chest pain, shortness of breath, nausea, edema, and/or anxiety.</li><li>3. Past history of:<ol style="list-style-type: none"><li>a. Elevated blood pressure.</li><li>b. Cardiac or renal disease.</li><li>c. Headache, weakness, blurred vision, obesity, diabetes, and hypercholesterolemia.</li><li>d. Oral contraceptive use.</li><li>e. Toxemia in pregnancy</li></ol></li><li>4. Medication history of (especially those which can elevate blood pressure):<ol style="list-style-type: none"><li>a. Oral contraceptives</li><li>b. Steroids</li><li>c. Nonsteroidal anti-inflammatory drugs (NSAIDS)</li><li>d. Decongestants</li><li>e. Appetite suppressants</li><li>f. Tricyclic antidepressants</li><li>g. Cocaine</li><li>h. Amphetamines</li></ol></li><li>5. Family history of hypertension, stroke, coronary artery disease, and/or diabetes.</li><li>6. Use of cigarettes, alcohol, caffeine, and recreational drugs.</li><li>7. Recent psychosocial or environmental stresses.</li></ol>
<b>OBJECTIVE</b>	Must include: <ol style="list-style-type: none"><li>1. Blood pressure</li><li>2. Assessment of risk factors</li></ol> May include: <ol style="list-style-type: none"><li>1. Physical exam to assess for signs of hypertension such as thyroid enlargement, jugular vein distention, carotid bruits, tachycardia, murmurs, arrhythmia, extremity edema, absence of peripheral pulses.</li></ol>
<b>LABORATORY</b>	N/A

<b>ASSESSMENT</b>	Elevated blood pressure.
<b>PLAN</b>	<ol style="list-style-type: none"> <li>1. Lifestyle modification to include: <ol style="list-style-type: none"> <li>a. Weight loss to include low calorie diet and exercise plan.</li> <li>b. Reduce sodium through no salt added to food, avoidance of high sodium drinks and heavily processed foods; recommend DASH diet.</li> <li>c. Decrease alcohol consumption and/or avoidance of stimulant drugs. Refer for drug/alcohol evaluation prn.</li> <li>d. Cessation of smoking.</li> <li>e. Stress reduction techniques.</li> </ol> </li> <li>2. If taking oral contraceptives: <ol style="list-style-type: none"> <li>a. Mild increases in blood pressure may be treated initially by switching to a combined contraceptive with lower progestin or estrogen activity. Should allow three months for return to normal BP. If elevated BP continues combined method should be stopped.</li> <li>b. Discontinue the combined contraceptives immediately and recheck blood pressure in 1-4 weeks if the blood pressure is greater than 160/100 mm Hg (either systolic or diastolic).</li> <li>c. Discontinue combined contraceptives at the end of the present cycle if blood pressure is less than 150/100 mm Hg. but greater than 140/90 mm Hg. Recheck blood pressure 1-4 weeks after discontinuing oral contraceptives.</li> <li>d. Provide with an interim contraception. Progestin only methods or non-hormonal method preferred.</li> <li>e. Antihypertensive medications along with use of combined contraceptives might result in unpredictable change of blood pressure if either is discontinued.</li> </ol> </li> <li>3. See combined contraceptive protocol for WHO guidelines regarding continuation or restart of combined methods.</li> <li>4. Antihypertensive medication as indicated</li> </ol>
<b>CLIENT EDUCATION</b>	<ol style="list-style-type: none"> <li>1. Provide client with education handout(s) on ways to lower blood pressure.</li> <li>2. Allay client's concerns regarding findings.</li> <li>3. Recommend client RTC annually or PRN for problems.</li> </ol>
<b>CONSULT / REFER TO PHYSICIAN</b>	<ol style="list-style-type: none"> <li>1. As needed for evaluation and treatment.</li> <li>2. Immediate referral for hypertensive emergency.</li> </ol>

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References:

1. Ziemann, M.; Hatcher, R.; et al A Pocket Guide to Managing Contraception. Tiger, Georgia; Bridging the Gap Foundation, 2010. p. A4, 97, 99.
2. Dickey, Richard. Managing Contraceptive Pill Patients. Tenth edition. New Orleans, Louisiana. EMIS, Inc. Medical Publishers. 2004. p. 197-198.
3. World Health Organization and International Society of Hypertension. 1999 Guidelines for Hypertension Management. Clinical Reviews, 1999. p. 123-130.
4. Hatcher, R.; Trussell, J.; Nelson, A.; et al Contraceptive Technology. 19<sup>th</sup> revised edition. (2007) p. 214, 219-220