

Blood Pressure Assessment Program Screening Guidelines

Assessment

Pre-Assessment

Prior to/during assessment, explain to client the following:

- What is meant by high blood pressure;
- What are the effects of high blood;
- Why there is a need to assess blood pressure.

Standard Guidelines

- Assess blood pressure in a quiet room;
- Make sure client is seated with feet flat on the floor and back supported;
- Use the proper cuff size;
- Make sure arm is at heart level and supported. Client's palm should be open and facing upward;
- Fill out the Women's Heart Risk Checklist and record the blood pressure reading to left of the Blood Pressure section.

Post Assessment

For clients who have a normal blood pressure reading...

- Provide person with their blood pressure numbers (both systolic and diastolic) and their meaning (refer to counseling points);
- Give them the list of future assessment dates;
- Ask them to encourage their friends and relatives to get their blood pressure checked.

For clients who have an elevated blood pressure reading...

- Offer them educational materials that suggest ways of lowering high blood pressure;
- Provide them with a client diary to record blood pressure and explain how to use it;
- Fill out form letter to the person's health care provider informing him/her of the elevated blood pressure reading. Client should be asked to provide information and sign the letter;
- Provide a list of local resources so that they may seek additional support;
- Stress the need to conduct follow-up in the appropriate time frame.

Counseling Points

If BP is below 130/85

Provide recommendation that should be used to detect onset of hypertension. Remind client that hypertension usually has no symptoms and that she could become hypertensive without even knowing it.

Risk factors and corrective actions:

- Smoking/smoking cessation;
- Obesity/weight reduction;
- Sedentary habits/ brisk walk 60 min. daily (check with practitioner first);
- Alcohol /limit to 1 drink per day for a woman; 2 for a man;
- High saturated fat and trans-fat diet/ reduce intake of unhealthy fats
- High sodium diet /limit salt (sodium) in diet if salt sensitive (normal healthy adult can tolerate 6 Gm. of sodium a day.

If BP 140/90 and above and client has no history of hypertension

- Provide definitions of normal and abnormal BP;
- Explain that more than one elevated BP reading is necessary to diagnose hypertension;
- Discuss the damage that can be done to heart, brain, kidneys by increased B/P when hypertension is not controlled;
- Emphasize that hypertension requires life-long management;
- Discuss risk factors/corrective actions noted above;
- Refer for medical evaluation;
- Identify barriers to care and seek solutions.

If BP below 140/90 and client has known history of hypertension and is under treatment

- Give positive reinforcement for efforts to control BP;
- Assist with problem solving;
- Review counseling points above as necessary.

If BP 140/90 or above and is known hypertensive

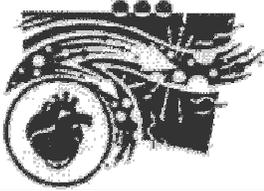
- Review counseling points above as necessary;
- Identify barriers to care and seek solutions;
- Work with client to form a plan of action for better control of BP;
- Refer for medical reevaluation according to American Heart Association time-line below.

If BP 210/120 or above

- Explain significance of BP reading and need for urgent medical evaluation;
- Discuss options for care and offer to help make an urgent appointment;
- Assist, as needed, in contacting family member/friends who can drive client to appointment;
- Complete referral form and give to client;
- Seek immediate medical professional care (including Emergency Services / 9-1-1).

Follow-up Guidelines

Range	Category	Action Needed
Below 130/85	Normal	Recheck in 2 years
130-139 / 85-89	High Normal	Recheck in 1 year
140-159 / 90-99	Mild Hypertension	Follow-up within 2 months
160-179 / 100-109	Moderate Hypertension	Follow-up within 1 month
180-209 / 110-119	Severe Hypertension	Follow-up within 1 week
210+ / 120+	Very Severe Hypertension	Seek immediate medical professional care, including Emergency Services 9-1-1.



Blood Pressure Assessment Program Referral Form

Name _____ Birth date _____ Telephone _____

Address _____

Healthcare Provider _____ Telephone _____

Healthcare Provider Address _____ Insurance _____

(Y/N):

Hx of hypertension _____
 On medication _____
 Takes meds as prescribed _____
 Diabetic _____

Counseled:

Smoking _____
 Diet _____
 Exercise _____
 Alcohol intake _____

Stress _____
 Other _____
 Literature given _____

Date _____ Your B/P _____

Follow-up Guidelines:

Range	Category	Action Needed
Below 130/85	Normal	Recheck in 2 years
130-139 / 85-89	High Normal	Recheck in 1 year
140-159 / 90-99	Mild Hypertension	Follow-up within 2 months
160-179 / 100-109	Moderate Hypertension	Follow-up within 1 month
180-209 / 110-119	Severe Hypertension	Follow-up within 1 week
210+ / 120+	Very Severe Hypertension	Immediate follow-up care

One blood pressure screening is not enough to determine if you have hypertension (high blood pressure). It is important that you see your health care provider according to the directions given above. If you have trouble getting the necessary follow-up care, please contact the nurse named at the bottom of this form.

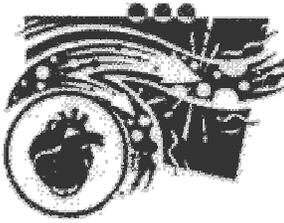
Please sign below if this information is clear to you, and if you give us permission to mail this form to your health care provider.

Signature: _____ Date: _____

Admin follow-up: (insert dates when appropriate)

Spoke to client _____	Client took needed action _____	Referral to provider _____
Unable to contact _____	Client did not take action _____	Further follow-up planned _____
	Client action unknown _____	

Nurse: _____ Telephone: _____ Date: _____



High Blood Pressure

Source: medline NIH NHLBI 2002

What is high blood pressure?

Blood pressure is the force of blood against the walls of arteries. Blood pressure rises and falls during the day. When blood pressure stays elevated over time, it is called high blood pressure or hypertension.

Blood pressure is typically recorded as two numbers — the systolic pressure (as the heart beats) over the diastolic pressure (as the heart relaxes between beats). A consistent blood pressure reading of 140/90 mm Hg or higher is considered high blood pressure, another term for hypertension.

What is systolic blood pressure?

Systolic pressure is the force of blood in the arteries as the heart beats. It is shown as the top number in a blood pressure reading. High blood pressure is 140 and higher for systolic pressure. Diastolic pressure does not need to be high for you to have high blood pressure. When that happens, the condition is called "isolated systolic hypertension," or ISH.

Is isolated systolic high blood pressure common?

Yes. It is the most common form of high blood pressure for older Americans. For most Americans, systolic blood pressure increases with age, while diastolic increases until about age 55 and then declines. About 65 percent of people with high blood pressure over age 60 have ISH. You may have ISH and feel fine. As with other types of high blood pressure, ISH often causes no symptoms. To find out if you have ISH — or any type of high blood pressure — see your doctor and have a blood pressure test. The test is quick and painless.

Is isolated systolic high blood pressure dangerous?

Any form of high blood pressure is dangerous if not properly treated. Both numbers in a blood pressure test are important, but, for some, the systolic is especially meaningful. That's because, for those persons middle aged and older, systolic pressure gives a better diagnosis of high blood pressure. If left uncontrolled, high systolic pressure can lead to stroke, heart attack, congestive heart failure, kidney damage, blindness, or other conditions. While it cannot be cured once it has developed, ISH can be controlled.

Clinical studies have proven that treating a high systolic pressure saves lives, greatly reduces illness, and improves the quality of life. Yet, most Americans do not have their high systolic pressure under control.

Does it require special treatment?

Treatment options for ISH are the same as for other types of high blood pressure, in which both systolic and diastolic pressures are high. ISH is treated with lifestyle changes and/or medications. The key for any high blood pressure treatment is to bring the condition under proper control. Blood pressure should be controlled to less than 140/90 mm Hg. If yours is not, then ask your doctor why. You may just need a lifestyle or drug change, such as reducing salt in your diet or adding a second medication.

What is diastolic blood pressure?

Diastolic pressure is the force of blood in the arteries as the heart relaxes between beats. It's shown as the bottom number in a blood pressure reading.

The diastolic blood pressure has been and remains, especially for younger people, an important hypertension number. The higher the diastolic blood pressure the greater the risk for heart attacks, strokes and kidney failure. As people become older, the diastolic pressure will begin to decrease and the systolic blood pressure begins to rise and becomes more important. A rise in systolic blood pressure will also increase the chance for heart attacks, strokes, and kidney failure. Your physician will use both the systolic and the diastolic blood pressure to determine your blood pressure category and appropriate prevention and treatment activities.

Why is high blood pressure important?

High blood pressure is dangerous because it makes the heart work too hard. It also makes the walls of the arteries hard. High blood pressure increases the risk for heart disease and stroke, the first- and third-leading causes of death for Americans. High blood pressure can also cause other problems, such as heart failure, kidney disease, and blindness.

Who can develop high blood pressure?

High blood pressure is common. More than 50 million American adults — 1 in 4 — have high blood pressure. It is very common in African Americans, who may get it earlier in life and more often than whites. Many Americans tend to develop high blood pressure as they get older, but this is not a part of healthy aging. About 60% of all Americans age 60 and older have high blood pressure. Others at risk for developing high blood pressure are the overweight, those with a family history of high blood pressure, and those with high-normal blood pressure (130–139/85–89 mm Hg).

High blood pressure occurs more often among African Americans than whites. It begins at an earlier age and is usually more severe. Further, African Americans have a higher death rate from stroke and kidney disease than whites. The good news is, treatment can control high blood pressure. In addition, lifestyle changes can prevent and control high blood pressure. These include losing weight if overweight (losing 10 lbs can help), increasing physical activity (walking 30 minutes per day can help), following a healthy eating plan, that emphasizes fruits, vegetables, and low-fat dairy foods, choosing and preparing foods with less salt and sodium, and if you drink alcoholic beverages, drinking in moderation. If lifestyle changes alone are not effective in keeping your blood pressure controlled, there are many blood pressure medications to help you.

Web Resources:

<http://www.nhlbi.nih.gov/hbp/index.html>

http://www.nhlbi.nih.gov/health/public/heart/hbp/dash/new_dash.pdf

Published as a courtesy by Women's Heart Foundation, PO Box 7827, West Trenton, NJ 08628. www.womensheart.org





Tips for Self-Monitoring Your Blood Pressure

What is blood pressure?

Blood pressure is the force of blood against the walls of arteries. Blood pressure rises and falls during the day. When blood pressure stays elevated over time, it is called high blood pressure or hypertension.

What do the numbers mean?

Blood pressure is typically recorded as two numbers — the systolic pressure (as the heart beats) over the diastolic pressure (as the heart relaxes between beats). A consistent blood pressure reading of 140/90 mm Hg or higher is considered high blood pressure, another term for hypertension.

Should I monitor my blood pressure, and, if so, how often?

Keeping blood pressure under good control can prevent damage to arteries and may even avert a stroke or heart attack. If you have high blood pressure, talk to your doctor about self-monitoring and ask what range your blood pressure should be. Newer digital devices are more accurate. Blood pressure self-monitoring has never been simpler! If you suffer from high blood pressure, take it as often as your physician advises. Take it often if undergoing a change in your medical regimen or experiencing greater than average stress. Before self-monitoring you should know the following information:

My target blood pressure is _____.

I should notify my doctor if the bottom number is over _____ or the upper number is over _____.



STEPS FOR USING A DIGITAL BLOOD PRESSURE DEVICE

1. Sit at a table with your arm comfortably extended. When using a digital machine, note the product instruction sheet for the best placement of your arm to increase the accuracy of the reading.
1. Place the cuff onto a bare upper arm. The cuff should fit snugly. It should wrap easily around the upper arm with some overlap. The edge of the cuff should be about one inch above the bend of the arm with the middle of the bladder (the rubber insert) over the brachial artery (locate the brachial artery by gently depressing your index and middle finger over the area and feeling for a pulse). Special cuffs are designed for those with a large upper arm. An improper reading will result if using a regular cuff on an obese person's arm.
3. Inflate the cuff to 180 or as directed on the instructions. The numbers on the digital scale will read on a screen when inflation and deflation have been completed. This is the number you record. Write down the date, time and blood pressure reading with the higher number on the top and the lower number on the bottom.

Sample blood pressure record

Date	BP	Comments
10/10/2002	150/90	Feeling better. Started on the DASH diet.

