

Measure Blood Pressure

Proper technique essential (see picture to right)

Verify with home BP if available

Document home BP in chart note

BP Goal <140/90 mmHg (for most)

Discuss lifestyle modifications

DASH diet

<2gm of salt per day

Exercise

Smoking cessation

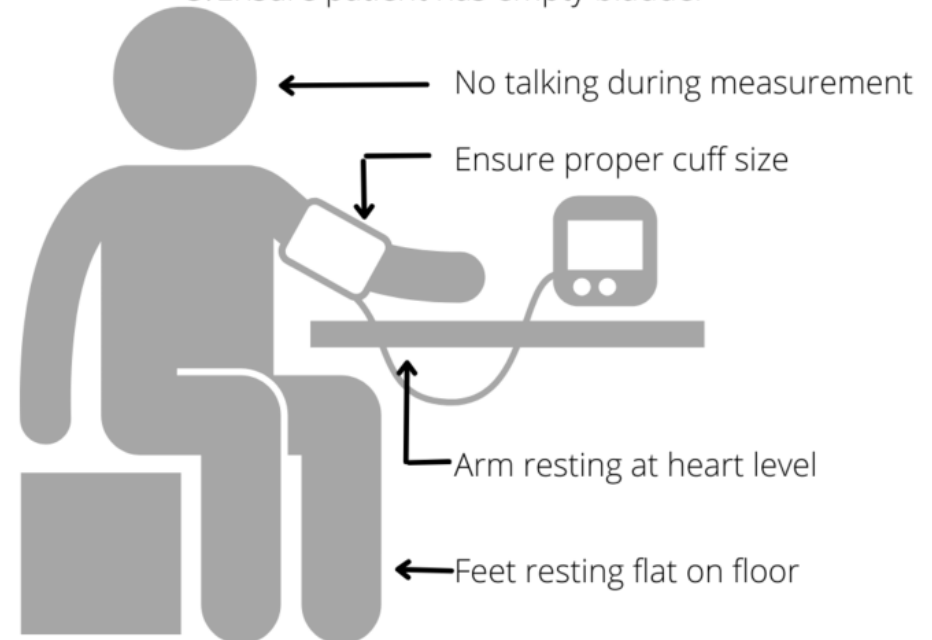
Weight loss

Avoid/limit NSAID use

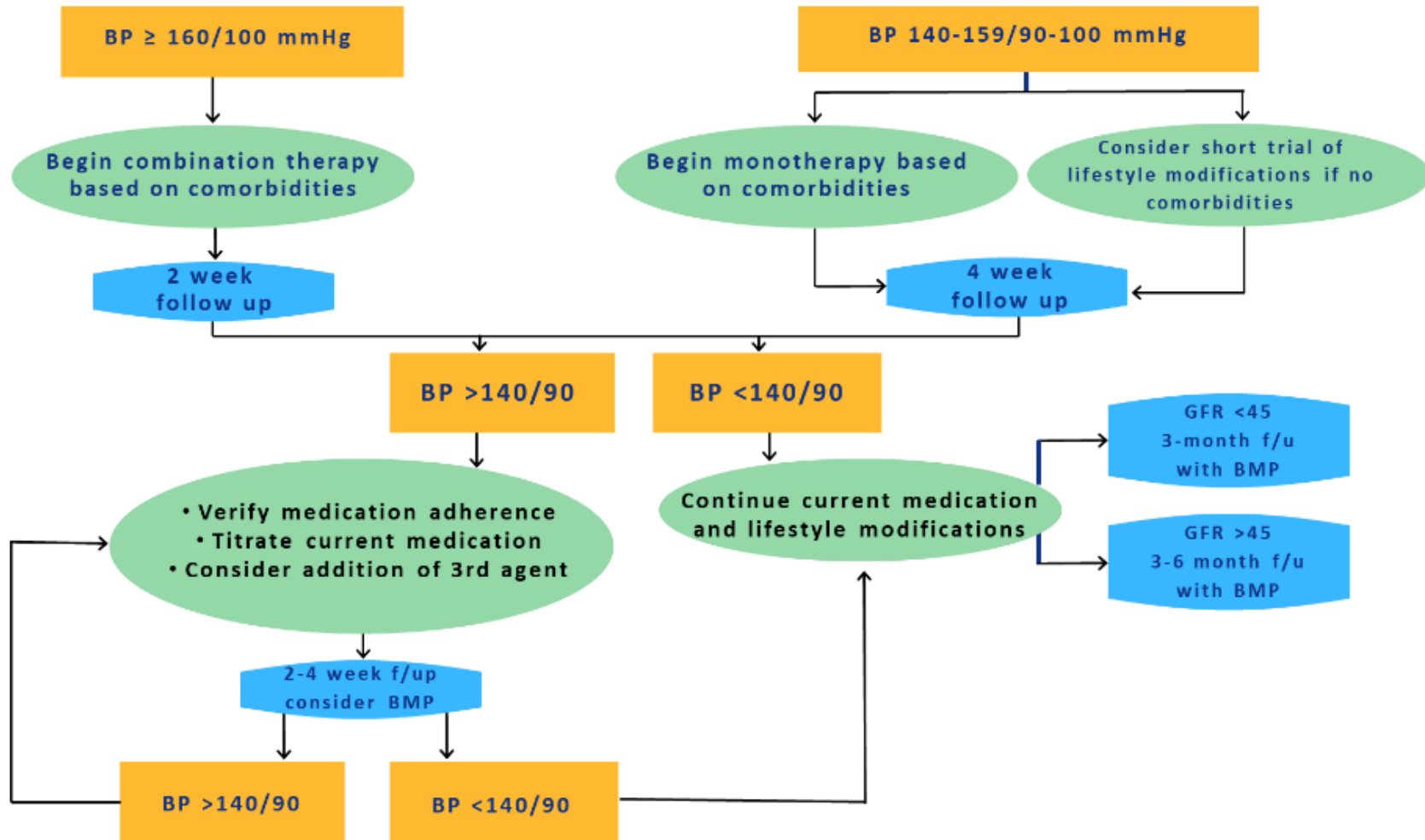
Alcohol ≤1 drink per day

Follow treatment algorithm on next page

1. Relax for 3-5 min prior to inflating cuff
2. No smoking, exercise, coffee for 30 min prior
3. Ensure patient has empty bladder



Hypertension Pharmacologic Treatment Pathway Guidelines



• If BP remains elevated with 3 medications optimized, consider addition of spironolactone for resistant hypertension
 • Additionally, consider workup for secondary hypertension

Medication Selection Pearls

ACE/ARB, thiazide/thiazide-like diuretic or DHP-CCB are all reasonable first line therapies	For patients with DM, ASCVD, CKD give preference to ACE or ARB as first line (do not use together)	For African American patients without CKD give preference to DHP-CCB	Role of Beta Blockers in HTN is limited to those with LV dysfunction and/or post-MI	Most patients will require 2-3 medications to reach goal
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Medication Monitoring Pearls

<p>ACE/ARB</p> <ul style="list-style-type: none"> -BMP 1-2 weeks after initiation, then minimum of q3 months (hyperkalemia, increase SCr/decrease eGFR) -Contraindicated in pregnancy 	<p>Thiazide/Thiazide-like diuretic</p> <ul style="list-style-type: none"> -BMP 1-2 weeks after initiation (hypokalemia) -Efficacy diminished if GFR <30 -Increased calcium, uric acid and glucose 	<p>DHP-CCB</p> <ul style="list-style-type: none"> -Common adverse effects: headache, flushing, pedal edema (dose dependent, lessened with ACE/ARB use), gingival hyperplasia 	<p>Aldosterone Antagonist</p> <ul style="list-style-type: none"> -Contraindicated if GFR <45 or K >4.5 -BMP within 7 days of initiation and dose titration -Hyperkalemia risk is increased when combined with ACE/ARB
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