

Blood Pressure Screening Guidelines Policy and Procedures

Revised August 2017

POLICY:

PPHD will offer education and tools for Self-Management of Blood Pressure (SMBP) for health coaching clients, NDPP participants, and other clients in the PPHD service area who meet the guidelines for SMBP.

PURPOSE:

To reduce structural barriers and increase access to resources to support healthy living by providing education and tools for self-monitored blood pressure management, an evidence-based strategy to enable clients to monitor and more effectively control their blood pressure, lowering risk for chronic disease, to Panhandle residents.

PROCEDURE:

Assessment

- Prior to blood pressure being taken, explain to the client what Blood Pressure (BP) is and what is meant by high blood pressure (review *My Blood Pressure*).
- Standard Guidelines for Blood Pressure Check
 1. Assess blood pressure in a quiet area.
 2. Make sure client is seated with feet flat on the floor and back supported
 3. Use the proper cuff size
 4. Make sure arm is at heart level and supported. Palm should be open and facing upward
 5. Record Blood Pressure for client
 6. Manual or automatic blood pressure monitoring may be utilized. See attachment A for specific directions.
 7. Take a second reading at least 5 minutes after the initial one. It is important to take 2 readings.
 8. To interpret the B/P reading use the following chart based on JNC 7 definitions:

JNC 7 Definition	Systolic blood Pressure	Diastolic Blood Pressure
Normal	<120	<80
Prehypertension	120-139	80-89
Stage I Hypertension	140-159	90-99
Stage II Hypertension	>160	>100

Post Assessment

- For clients who have a normal blood pressure reading provide person with their blood pressure numbers and encourage them to get their blood pressure checked yearly.
- For Clients who have an elevated blood pressure reading, utilize these counseling points.

If BP is considered prehypertensive (120-139/80-89)

Provide recommendation that should be used to detect onset of hypertension. Remind client that hypertension usually has no symptoms and that they 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/ High sodium diet /limit salt (sodium) in diet

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;

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

- Give positive reinforcement for efforts to control BP;
- 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 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 180/110 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;
- Seek immediate medical professional care (including Emergency Service as needed)

Range	Category	Action Needed
Below 120/80	Normal	Recheck in 2 years
120-139/80-89	Prehypertension	Recheck in 1 year
140-159/90-99	Stage I Hypertension	Follow-up within 2 months
>160/>100	Stage II Hypertension	Follow-up within 1 week
180+/110+	Severe Hypertension	Immediate follow-up care

**Provide Million Heart Hypertension Information or other approved materials as needed.
Complete *Blood Pressure Assessment Referral Form* if B/P is Stage II or Severe Hypertension.
(If applicable to your site)**

References:

A Community Health Worker Training Resource for Preventing Heart Disease and Stroke, Provided by National Center for Chronic Disease Prevention and Health Promotion Division for Heart Disease and Stroke Prevention. Available at: http://www.cdc.gov/dhdsp/programs/spha/chw_training/pdfs/chw_training.pdf

Regional West Physician Clinic Hypertension Management Protocol. March 2016

The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure, August 2004 Available at: <http://www.nhlbi.nih.gov/health-pro/guidelines/current/hypertension-jnc-7>

Women's Heart Foundation www.womensheart.org

Attachment A

Taking a blood pressure manually

1. Make sure the patient is sitting down with his or her back supported, feet flat on the floor, and relaxed for 5 minutes before you start.
2. Put the person's arm in the right position: the arm should be supported by a table and should be at the same level as the heart.
3. Deflate the blood pressure cuff.
4. Pick the proper size of blood pressure cuff (see Activity 7-6).
5. Put the blood pressure cuff on the patient's arm
6. Put the end of the stethoscope below the cuff on the inside of the elbow. This is where you can easily measure the brachial artery pulse.
7. Inflate the cuff.
8. Deflate the cuff slowly while listening to the sounds of blood flowing.
9. Write down the blood pressure numbers as you hear the sounds change (see Activity 7-6).
10. Remove the cuff from the person's arm.

Taking a blood pressure using an automated monitor

The basic steps for using automated monitors are listed below. However, because specific instructions will depend on the brand and model, you should read the user's manual for the monitor if you have questions or are not sure how to use it.

1. Make sure that the patient is sitting down correctly (back supported and feet flat on the floor) and is relaxed for 5 minutes before you start.
2. Put the person's arm on a table so that the arm is level with the heart.
3. Put the blood pressure cuff on the person's arm
4. Turn on the monitor and let it inflate.
5. Write down the blood pressure numbers right away.
6. Turn off the monitor and remove the cuff from the person's arm.



My Blood Pressure

My Blood Pressure

1st reading _____ 2nd reading _____ Date _____

1st reading _____ 2nd reading _____ Date _____

1st reading _____ 2nd reading _____ Date _____

Blood Pressure is recorded as two numbers:

Systolic-The top number, which is also the higher of the two numbers, measures the pressure in the arteries when the heart beats (when the heart muscle contracts).

Diastolic-The bottom number, which is also the lower of the two numbers, measures the pressure in the arteries between heartbeats (when the heart muscle is resting between beats and refilling with blood).

This blood pressure chart reflects categories defined by the American Heart Association.

<u>Range</u>	<u>Category</u>	<u>Action Needed</u>
<u>Below 12/80</u>	<u>Normal</u>	<u>Recheck in 2 years</u>
<u>120-139/80-89</u>	<u>Prehypertension</u>	<u>Recheck in 1 year</u>
<u>140-159/90-99</u>	<u>Stage I Hypertension</u>	<u>Follow-up within 2 months</u>
<u>>160/>100</u>	<u>Stage II Hypertension</u>	<u>Follow-up within 1 week</u>
<u>180+ /110+</u>	<u>Severe Hypertension</u>	<u>Immediate follow-up care</u>

If your blood pressure reading is higher than normal, your doctor may take several readings over time and/or have you monitor your blood pressure at home before diagnosing you with high blood pressure. **A single high reading does not necessarily mean that you have high blood pressure.** However, if readings stay at 140/90 mm Hg or above (systolic 140 or above OR diastolic 90 or above) over time, your doctor will likely want you to begin a treatment plan. For more information, please visit the American Heart Association's Website at:

http://www.heart.org/HEARTORG/Conditions/HighBloodPressure/High-Blood-Pressure_UCM_002020_SubHomePage.jsp

If you have any questions, please call **Panhandle Public Health District 308-262-2217**