

PROTOCOL FOR: Hypertension: Care of the Patient with

- POLICY:**
1. Any patient admitted to the hospital with an admission diagnosis of hypertension will have a blood pressure obtained and documented on the unit flowsheet at least every 4 hours.
 2. A blood pressure must be obtained and documented just prior to the administration of any new, one-time, STAT, or NOW dose antihypertensive drug, as well as any drug with holding parameters as specified by the MD/LIP.
 3. A blood pressure will be obtained within two (2) hours of administering any new, one-time, STAT, or NOW antihypertensive drug administered either orally or intravenously, and documented on the unit flowsheet.
 4. Anti-hypertensives include medications from the categories listed below. The examples included next to each are not all-inclusive of the category.
 - Calcium channel blockers (ex. verapamil, amlodipine)
 - ACE inhibitors (ex. lisinopril)
 - Beta blockers (ex. metoprolol)
 - Alpha blockers (ex. terazosin)
 - Mixed alpha and beta blockers (ex. labetalol)
 - Adrenergic receptor agonists (ex. clonidine)
 - Angiotensin 2 receptor antagonists (ex. valsartan)
 - Aldosterone antagonists (ex. spironolactone)
 - Nitrates (ex. nitroglycerin)

DESIRED PATIENT

- OUTCOMES:**
1. Patient will maintain adequate perfusion.
 2. Patient will experience minimal side effects of antihypertensive medications and/or therapies.
 3. Patient blood pressure will be maintained within the desired parameters as specified by the Licensed Independent Practitioner (LIP).
 4. Patient will demonstrate knowledge about high blood pressure, medication effects and prescribed therapeutic activities.

**CLINICAL
ASSESSMENT AND**

- CARE:**
1. Monitor and document blood pressures/vital signs on unit flowsheet or applicable unit-specific form according to the following:
 - a. Per LIP orders.
 - b. Just prior to the administration of any new, one-time, STAT, or NOW antihypertensive drug.
 - c. Two (2) hours after administering any new, one-time, STAT, or NOW antihypertensive drug.

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2. Report blood pressure/vital sign readings outside of ordered parameters.
3. Assess for any adverse effects to the prescribed anti-hypertensives.
4. Some herbal supplements may increase the likelihood of hypotension. Assess patient for use of the following herbal supplements; more frequent vital signs/blood pressures may be needed.
 - Agrimony
 - Celery
 - Cornsilk
 - Garlic
 - Ginger
 - Ginseng
 - Goldenseal
 - Hawthorn
 - Mistletoe
 - Nettle
 - Parsley
 - Pokeroot
 - Sage
 - Squill
 - Wild Carrot
5. Instruct patient that orthostatic hypotension may occur initially with some medications. Instruct patient to report dizziness and to call for assistance with ambulation.
6. Recalculate the fall risk and modify plan of care as appropriate.

APPROVAL: Nursing Standards Committee

EFFECTIVE DATE: 6/07

REVISION DATES: 9/07, 7/09