STANDING ORDER

HYPERTENSION

BP parameters and high blood pressure definitions:

<table>
<thead>
<tr>
<th>BP Category</th>
<th>SBP</th>
<th>DBP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>&lt;120 mm Hg</td>
<td>&lt;80 mm Hg</td>
</tr>
<tr>
<td>Elevated</td>
<td>120-129 mm Hg</td>
<td>&lt;80 mm Hg</td>
</tr>
<tr>
<td>Hypertension</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stage 1</td>
<td>130-139 mm Hg</td>
<td>80-90 mm Hg</td>
</tr>
<tr>
<td>Stage 2</td>
<td>≥140 mm Hg</td>
<td>≥90 mm Hg</td>
</tr>
<tr>
<td>Hypertension Urgency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>≥180 mm Hg</td>
<td>Or</td>
<td>≥120 mm Hg</td>
</tr>
<tr>
<td>Hypertension Emergency</td>
<td>≥180 mm Hg</td>
<td>Or</td>
</tr>
</tbody>
</table>

Inmates with known history of hypertension who are not currently taking medications and are currently stable and asymptomatic with the elevated BP.

Evidence of new or worsening target organ damage usually seen in inmates who were previously normotensive.

Examples of target organ damage include:
- hypertensive encephalopathy, ICH, acute ischemic stroke, acute MI, acute LV failure with pulmonary edema, unstable angina pectoris, dissecting aortic aneurysm, acute renal failure, and eclampsia.

I. ASSESSMENT for BP measured at Stage 2 or higher (please obtain a manual BP in both arms and document findings)

a. Does the inmate have known history of hypertension? History of taking medications for high blood pressure? What medications? Last taken?
b. Do they currently have symptoms concerning for a hypertensive emergency? Vision changes, chest pain, SOB, severe fatigue, nausea/vomiting (in females this is common symptoms of acute MI), confusion, symptoms concerning for stroke, severe headache, severe edema, no urine output in the past 12 hours.
c. Is the inmate pregnant? How many weeks?
d. Other known chronic illnesses – diabetes, heart failure, COPD, substance abuse, anxiety, and etc.
II. **MANAGEMENT**
   
   a. **Hypertension EMERGENCY**
   
   $\geq 180/120$ mm Hg AND current symptoms (see point b above and table above) or currently pregnant
   
   i. **Send immediately to ED** for immediate evaluation and management
   
   b. **Hypertension URGENCY**
   
   $\geq 180/120$ mm Hg and NO current symptoms or currently pregnant (see point b above and table above)
   
   i. Inmate is able to be booked in
   
   ii. Notify Facility Provider within 12 hours of being booked in and obtain orders, goal is to get inmate back on medications as soon as possible and may need therapy intensified.
   
   iii. Get ROI for outside records from previous Facility Provider who was prescribed anti-hypertensive medications
   
   iv. Recheck BP 2 days after starting oral medications as ordered by Facility Provider. Give BP to Facility Provider to review.
   
   c. **Stage 2 Hypertension (see table above)**
   
   i. Get ROI for outside records from previous Facility Provider who prescribed anti-hypertensive medications
   
   ii. Recheck BP in 2 days and give chart to Facility Provider to review and order necessary medications