Hypertension Case Study
MSN

C.S. is a 4o-year-old male who attends a community health screening. He states that he has not seen a health care provider in a "really long time." He is a truck driver who eats mainly fast food while on the road. He smokes a pack of cigarettes a day "just for something to do during the long hours of driving and to keep me calm." C.S. is 5 ft., 9 in tall and weighs 230 lb. His BP is 182/104, heart rate 90, respirations 24, and temperature 97.0°F.

1. What risks factors for hypertension does C.S. have? He has several risk factors including: male gender, smoker, obese, poor diet (fast food which is high sodium and high fat), sedentary lifestyle (long hours driving truck), has not seen PCP for maintenance and preventive care, elevated strass (indicated when states that smokes to keep calm), and elevated BP

2. What clinical manifestations of hypertension would you assess for in C.S.? Some clinical manifestations I would monitor for with hypertension are: dyspnea, fatigue, dizziness, palpitations, angina, visual disturbances or changes, issues when urinating, abnormal heart and lung sounds, and edema

3. What complications will you assess C.S. for?

Some complications I would assess for are: CAD, PVD, diabetes, CVD, retinal damage, nephrosclerosis, heart failure, left ventricle hypertrophy. I would also assess for other complications like: other heart issues, skin integrity/breakdown, unhealing wounds, blood clots, strength and sensation in all extremities.

C.S. is referred to his health care provider to follow up on his high blood pressure screening.

4. What diagnostic studies might you expect the health care provider to order for C.S.? I would anticipate orders that include: repeat/monitor VS, urinalysis, BUN, Creatinine, creatinine clearance, glucose and A1C, electrolytes, EKG, lipid/cholesterol, uric acid levels, ABPM, and possible echo.

C.S.'s BP is monitored for several visits and remains elevated. His serum cholesterol, BUN, and creatinine levels are elevated. His creatinine clearance (glomerular filtration rate) is below normal, demonstrating renal insufficiency.

5. What type of lifestyle modifications would you recommend for C.S. to control his BP? Some recommendations for modification of lifestyle would be: stop smoking, exercise 30 min x5 days, change diet (fruits, veggies, fat-free-low-fat milk, whole grains, fish, poultry, beans, nuts, and seeds), find alternative to fast food (watch fat and sodium in diet, increase plant-based or Mediterranean diet, decrease sodium intake or use DASH), lose weight, continue and make time for follow-up care, reduce stress/stressful environment, if prescribed medication take them as prescribed on a schedule.