Unit 3- Hypertension

L- Chapter 36

ONLINE CONTENT (1H)

Unit Objectives:

- Describe the collaborative care of primary hypertension, including drug therapy and lifestyle modifications. (1,2)*
- Use the nursing process as a framework for providing individualized care to patients with hypertension. (1,2,5,7)*
- Describe the collaborative care of a patient with hypertensive crisis. (1,2)*
(*Course Objectives)

Use your three handouts: Highlights from the 2017 Guideline for the Prevention, Detection, evaluation, Management of High Blood Pressure in Adults; and How Can I Reduce High Blood Pressure?, and Guidelines Made Simple, to answer the following questions. Place your answers in the Unit 3 Chapter 36 Dropbox by 0800 on 2/8/2024.

1) What are the parameters for the categories of blood pressure?

Normal: <120 Systolic and <80 Diastolic

Elevated: 120-129 Systolic and <80 Diastolic

Stage 1: 130-139 Systolic and 80-89 Diastolic

Stage 2: ≥140 and ≥90 Diastolic

2) Name ten things to do or avoid obtaining an accurate blood pressure measurement.

- Avoid having an improper size and incorrect placement of the BP cuff.
- Do not put BP cuff over clothing.
- Avoid Measuring When Stressed or in Pain
- Seat patient with legs uncrossed, feet on the floor, and back supported.
- Begin measurement after the patient has rested quietly for 5 min. Ask the patient to relax as much as possible and not to talk during the measurement.
- Measure and record BP in both arms initially and note any differences.
- Avoid Caffeine, Alcohol, and Tobacco before reading.
- Deflate the cuff at a rate of 2–3 mm Hg/sec.
- Record the SBP and DBP. Note the SBP when the first of 2 or more sounds are heard and the DBP when sound disappears.
- Provide the patient (verbally and in writing) with the BP reading, BP goal, and recommendations for follow-up.

Clean BP cuffs between patients according to the agency's policy for reusable medical equipment cleaning.

3) What is the main difference between hypertensive urgency and a hypertensive emergency?

Hypertensive urgency is when a patient us noncompliant with antihypertensive therapy and does not have clinical or laboratory evidence of new or worsening target organ damage. We need to intensify antihypertensive drug therapy as soon as possible, and treat anxiety as needed.

A hypertensive emergency is when a patient is admitted to an ICU for continuous monitoring of BP and parenteral administration of an appropriate drug in those with new/ progressive or worsening target organ damage.

4) What steps should we encourage patients to take when measuring their blood pressure at home?

Tell patients to buy an BP monitor that uses a cuff for the upper arm or wrist. The patient should bring the BP monitor to the office to verify proper cuff size, the accuracy of the device, and technique. Tell the patient to measure BP in the nondominant arm, or arm with the higher BP if there is a known difference between arms. Tell the patient to measure BP first thing in the morning (if possible, before taking any drugs) and at night before going to bed. Have the patient record all BP measurements and bring the record to doctor visits.

5) What should we recommend regarding physical activity for patients with hypertension?

a minimum of 150 minutes of moderate exercise or 75 minutes of vigorous exercise per week. For those unable to do the minimum recommendation, even some exercise improves BP. Moderate-intensity activities can lower BP, promote relaxation, and decrease or control body weight. Regular activity of this type can reduce SBP by 4 to 9 mm Hg. Monitor blood pressure before and after exercise, especially if on medications.

6) What are seven steps patients can take to reduce high blood pressure?

- Reduce sodium in the diet
- Increased fruit, nut, vegetable, legumes, lean proteins and vegetables in your diet
- Lose weight if needed
- Stomach smoking
- Avoid alcohol
- Exercise regularly
- Take medications appropriately if prescribed