



Objectives: Hypertension

1. Screen for hypertension opportunistically and routinely.
2. Use correct technique and equipment to measure blood pressure.
3. Following an elevated blood pressure reading at home, office or pharmacy, utilize automatic office blood pressure monitoring, non-automatic blood pressure monitors, or ambulatory blood pressure monitors as appropriate to either diagnose or rule out hypertension.
4. Consider the diagnosis of type 2 diabetes or chronic kidney disease when making the diagnosis of hypertension.
5. Do not wait to diagnose a patient with hypertension if presenting with hypertensive urgency or emergency.
6. In patients with an established diagnosis of hypertension, assess and re-evaluate periodically the overall cardiovascular risk and end-organ complications.
7. In appropriate patients with hypertension (e.g. young patients, patients requiring more than 3 medications, worsening hypertension despite previously adequate control):
 - a. Conduct targeted screening for secondary hypertension (e.g. renin and aldosterone levels for primary aldosteronism)
 - b. Refer if needed
8. Suggest individualized lifestyle modifications to patients with hypertension (e.g. weight loss, exercise, limit alcohol consumption, dietary changes).
9. In a patient diagnosed with hypertension, treat the hypertension with appropriate pharmacologic therapy (e.g. consider the patient's age, concomitant disorders, other cardiovascular risk factors).
10. Given a patient with hypertensive urgency or emergency:
 - a. Make the diagnosis and treat promptly.
 - b. Only use IV medications for the treatment of hypertensive emergency.
11. In all patients with diagnosed with hypertension, assess response to treatment, medication compliance and side effects and follow-up visits.

** Mapped to the CFPC's 105 priority topics: #49-Hypertension