## SCREENING AND DIAGNOSIS

**Check BP at each office visit**

- **yes** Systolic $\geq 130$ OR Diastolic $\geq 80$?
- **no**

### CONFIRM high BP. See CPM for detail on options:
- Follow-up office visit (at least 2 visits with 2 BP checks at each visit)
- 6 to 10 home BP readings over 2 weeks (patient reports, provider evaluates)
- Check BP using AOBP

### DIAGNOSE blood pressure

- **Normal:** Systolic $< 120$ and Diastolic $< 80$
- **Elevated BP:** Systolic 120 – 129 AND Diastolic $< 80$
- **Stage 1 HBP:** Systolic 130 – 139 OR Diastolic 80 – 90
- **Stage 2 HBP:** Systolic $\geq 140$ OR Diastolic $\geq 90$

### TREAT high blood pressure

### Tips for accurate BP measurement

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<th>DO:</th>
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| • Wait 30 minutes after patient has heavy meal, caffeine, alcohol, nicotine, or heavy exercise.  
• Give 3 to 5 minutes rest prior.  
• Patient put feet on floor, back & arm supported, arm at heart level.  
• Repeat elevated BPs using AOBP. | • Don’t check BP with patient’s legs or ankles crossed.  
• Don’t use too-small cuff or take BP on forearm.  
• Don’t roll up tight sleeves.  
• Don’t talk w/patient during BP check. |
TREATMENT

General approach for most patients < 80 years old

BP management target: <130 / <80

Start and maintain therapeutic lifestyle changes (TLC)

- If BP <160/ <100 and no compelling factors: start meds with TLC or start with 3-month trial of TLC alone (shared decision-making).
- If BP ≥160/ ≥100 or compelling factors, always start meds with TLC; consider adding 2-drug therapy.

ACEI / ARB: lisinopril / losartan

- lisinopril: 10 mg daily → 20 mg daily
- losartan: 50 mg daily → 100 mg daily

ADD amlodipine

- amlodipine: 5 mg daily → 10 mg daily

ADD HCTZ (as single pill w/ ACEI or ARB)

- lisinopril/HCTZ 20/12.5 mg pill: 1 daily → 2 daily

ADD carvedilol (keep heart rate > 55 bpm)

- carvedilol: 6.25 mg, twice daily → 12.5 mg, twice daily → 25 mg, twice daily

Referral (such as Resistant High BP Clinic) if BP still not in control on ≥3 meds.

See CPM for alternate options to consider for patients of African ancestry, elderly patients, and patients with comorbidities.

Process notes

- Evaluate BP every 2 weeks (rapid cycling) while titrating or switching medications. (See CPM for options.)
- Order CMP or BMP 2–3 weeks after starting or changing dose of lisinopril, losartan, or HCTZ.
- When BP is at target, maintain therapy and evaluate BP with clinic team every 6–12 months; patient should also see provider at least annually.

Not intended to replace physician judgment with respect to individual variations and needs.