

# High Blood Pressure

Reference  
Link

## SCREENING AND DIAGNOSIS

(See tips  
at bottom  
of card)

**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

#### DO:

- 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:

- **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.

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## TREATMENT

General approach for most patients < 80 years old

**BP management target: < 130 / < 80**

(Consider individualized target if patient is > 60 yrs old; see [CPM](#))

### 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

See [CPM](#) for alternate options to consider for patients of African ancestry, elderly patients, and patients with comorbidities.

### 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

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

### ADD carvedilol (keep heart rate > 55 bpm)

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

### 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.