

Note to Providers This pathway can be used as a treatment guide for diagnosing patients with hypertension. For patients who are currently being treated for hypertension, use this guide to determine next treatment steps, and if a referral to ancillary services would benefit your patient.

Patient presents with elevated blood pressure

Elevated blood pressure: Systolic ≥ 140 and/or diastolic ≥ 90 .
 Recheck blood pressure at the end of visit. If within normal range, resume usual screening protocol.
 If blood pressure is elevated upon recheck, schedule follow-up for 2-4 weeks and have patient monitor BP at home.
 Follow-up visit blood pressure and home readings indicate blood pressure is uncontrolled, **diagnose hypertension.**

Diagnose Hypertension

Classify	Document and code appropriate hypertension diagnosis; usually essential. * if home readings do not indicate hypertension, document as White Coat, or Elevated Blood Pressure without the Diagnosis of Hypertension
Diagnostic Workup	History and exam Assess for personal/family history of associated conditions and CV risk factors, identifiable causes of hypertension; end-organ damage. Tests Comprehensive metabolic panel, urinalysis, and urine albumin to creatinine ratio (ACR).

Lifestyle Management: DASH diet, tobacco cessation

Medication Management of Patients with Hypertension

Determine BP goal appropriate for patient.
 If BP $\geq 160/100$ and the patient has a history of diabetes, heart failure, ASCVD, or kidney disease, consider starting with a 2-drug regimen of ACE/ARB and thiazide.

Medications

First ACE or ARB	Schedule follow-up for 2-4 weeks and have patient monitor BP at home.
Second amlodipine	If BP at goal, continue current care plan.
Third *thiazides	If BP not a goal, add or switch to next medication on list.
Fourth carvedilol	*Consider switching to ACE/ARB-HCTZ combination for better compliance

If hypertension is resistant to treatment, see **Referral Algorithm.**

Referral Algorithm

Patients whose hypertension remains uncontrolled with the above therapies should be referred to the following:

Pharmacist	for medication management
Care Manager	for high risk patients with high ED and/or Inpatient utilization
Behavioral Health Consultant	for patients who aren't engaged and/or have social determinates
Cardiology	if the patient has heart failure
Nephrology	if the patient has kidney disease