



Definition of Hypertension:

Sustained, elevated arterial blood pressure with three readings, taken on three separate occasions that are greater than 140/90.

Guidelines for Blood Pressure Screening:

- Calibrate your manometer on a regular schedule, usually annually.
- Clients should be seated comfortably for a few minutes with legs uncrossed and forearm supported at the level of the heart. Client should have refrained from smoking or drinking caffeine for 30 minutes before BP is taken.
- An appropriate cuff (bladder within the cuff should encircle at least 80% of the upper arm) is to be used for all readings.
- Palpate brachial artery.
- Center the bladder of the cuff over the brachial artery and wrap smoothly and snugly around arm.
- Both the systolic blood pressure (SBP) and diastolic blood pressure (DBP) should be recorded. The first appearance of sound (phase 1) is used to define SBP. The disappearance of sound (phase 5) is used to define DBP.
- A person's blood pressure may vary by as much as 20mm Hg in each arm. Always record the arm that was used when recording blood pressure. Example: 130/78 LA (Left Arm).

Category	Systolic	Diastolic	Action
Normal	<120	<80	Check again in 2 years
Prehypertension	120-139	80-90	Check again in 1 year
Hypertension	Systolic	Diastolic	Action
Stage 1 (mild)	140-159	90-99	Check again within 2 months
Stage 2 (moderate)	160-179	100-108	Refer to Doctor if Asymptomatic Refer to ER if Symptomatic
Stage 3 (severe)	>180	>110	Call 911

Table adapted from the American Heart Association recommendations

*Clients doctor should evaluate unusually low readings

- Record the reading on a blood pressure record card and give to the individual to encourage self-responsibility.
- Explain the meaning of the blood pressure reading.
- Advise the need for re-measurement or referral within the stages of the hypertension.

Assessment for Elevated Blood Pressure:

Objective:

- Take blood pressure (orthostatic blood pressures if client is elderly, ill or symptomatic)
- If blood pressure is elevated
 - Check pulse for rate and rhythm
 - Check for ankle and pedal edema
 - Continue to subjective assessment



Subjective:

- Have you been diagnosed with hypertension? When?
- Are you under a doctor's care for hypertension?
- Do you keep your regular appointments?
- Has medication been prescribed for your hypertension?
- Are you taking your medication for hypertension? If no, why not?
- Do you smoke? How much?
- Are you under a lot of stress?
- Do you exercise? How much?
- Have you recently increased your salt intake?
- Has your Dr. asked you to follow a specific diet? If so, what?
- Has your Dr. encouraged you to lose or gain weight?

Signs and Symptoms

- Do you have headaches?
- Do you experience dizziness or lightheadedness?
- Do you experience blurred vision or spots before your eyes?
- Do you have nosebleeds?
- Do you experience chest pain?
- Do you have shortness of breath?

Plan:

- Remind client of importance of taking medicine as directed by their doctor
- Keep your doctor appointments
- Make referral if necessary
- Know signs and symptoms of heart attack and stroke
- Watch your diet carefully - ↑ fruits and vegetables, cereal and grain products, fat-free and low fat dairy products, legumes, nuts, fish, poultry and lean meats; ↓ trans fats and fatty foods; eat smaller portions
- Cut down on salt – use salt substitutes
- Stop smoking
- Take it easy when you can – avoid stress
- Limit your alcohol – one drink a day maximum for women, two drinks a day maximum for men
- Exercise regularly – at least 30 minutes most or all days of the week
- Get an eye exam
- Follow the advice of your doctor

Resources:

American Heart Association: www.americanheart.org

WebMD: www.webmd.com - type hypertension in the search box

Taking blood pressures is part of the ministry of parish nursing because it allows for the telling of the human story that accompanies an elevated reading. This is where ministry takes place.