

Definition: Preventing and treating blood pressure levels higher than normal

Activities:

- Elicit a detailed patient health history to determine risk level of patient, including medication use
- Identify possible causes of hypertension
- Evaluate for associated risk factors and contributing factors (e.g., diabetes mellitus, dyslipidemia, obesity, metabolic syndrome, age over 60 years, gender, race, smoking, hyperuremia, sedentary lifestyle, family history of hypertension, cardiovascular disease, history of stroke)
- Measure BP to determine presence of hypertension (e.g., normal, less than 120/80; elevated, 120 to 129/80 or less; hypertension stage 1, 130 to 139/80 to 89; hypertension stage 2, equal or greater than 140/90)
- Assure proper assessment of blood pressure (i.e., classification is based on the average of two or more properly measured, seated, BP readings on each of two or more office visits)
- Avoid measurement of blood pressure for classification when contributing factors are present (e.g., consumption of caffeine, migraine headache, insomnia, agitation)
- Implement proper nursing care for patients based on classification of hypertension
- Assist patients with prehypertensive classification to practice lifestyle modification in order to reduce their risk of developing hypertension in the future (e.g., increase exercise, decrease weight, modify diet, obtain adequate sleep)
- Advise patients with prehypertensive classification and comorbid conditions (e.g., heart failure, diabetes, kidney disease) to seek appropriate drug therapy if a trial of lifestyle modification fails to reduce BP to 130/80 mm Hg or less
- Assist patients with hypertensive stage 1 classification and no comorbid conditions (e.g., heart failure, diabetes, kidney disease) to practice lifestyle modifications and to use appropriate drug therapy (e.g., thiazide-type diuretics for most, possibly angiotensin-converting enzyme inhibitor; angiotensin receptor blocker; beta blocker; calcium channel blocker; or combinations of previous)
- Assist patients with hypertensive stage 2 classification and no comorbid conditions (e.g., heart failure, diabetes, kidney disease) to practice lifestyle modifications and to use appropriate drug therapy (e.g., combinations of angiotensin converting enzyme inhibitor, angiotensin receptor blocker, beta blocker, calcium channel blocker)
- Assist patients with hypertensive stage 1 or 2 classification and comorbid conditions (e.g., heart failure, diabetes, kidney disease) to practice lifestyle modifications as able and to follow recommended drug regime protocols for comorbid condition with hypertension
- Monitor at-risk patients for signs and symptoms of hypertension crisis (e.g., severe headache, dizziness, nausea or vomiting, pallor, sweating, cold skin, changes in vision, epistaxis, confusion, nervousness, restlessness, visual disturbances, altered level of consciousness, chest pain, seizures, cardiac arrest)
- Monitor vital signs such as heart rate, respiratory rate, oxygen saturation, temperature, and blood panels for early identification of complications
- Instruct at-risk patients to have regular preventative health screenings, including electrocardiogram, echocardiogram, electrolytes, urinalysis, as indicated

- Monitor patient for signs and symptoms of hypertension or hypotension after administering prescribed hypertension medication
- Instruct related to healthy dietary pattern
- Instruct related to proper physical activity (e.g., exercise 30 to 45 minutes a day)
- Instruct related to contributing lifestyle habits that should be avoided (e.g., use of tobacco in any form and alcohol)
- Instruct the patient on lifestyle modification related to sleep and rest patterns (e.g., 8 hours per night is recommended)
- Provide information on possible changes in lifestyle necessary to avoid future complications and control the disease process
- Provide information related to the purpose and benefit of the lifestyle changes
- Instruct related to self-blood pressure monitoring and to report abnormal findings
- Instruct the patient on possible causes of hypertension
- Instruct the patient and family to take an active role in the management of disease process, (e.g., medication indications and administration, maintaining proper diet, exercise and healthy habits, quitting smoking, reducing stress, reducing weight, reducing sodium intake, reducing alcohol consumption, increasing exercise, as indicated)
- Instruct the patient and family on medication usage and indications
- Encourage the patient and family to maintain a list of current medications and reconcile routinely at wellness checks, hospital visits, or hospital admissions
- Instruct the patient to recognize and avoid situations that can cause increased BP (e.g., stress or sudden discontinuation of drug treatment)

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Background Readings:

- American Association of Critical Care Nurses. (2006). *Core curriculum for critical care nursing* (6th ed.) [J. G. Alspach, Ed.]. Philadelphia, PA: W.B. Saunders.
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- Hacihasanoglu, R., & Gozum, S. (2011). The effect of patient education and home monitoring on medication compliance, hypertension management, healthy lifestyle behaviors and BMI in a primary health care setting. *Journal of Clinical Nursing*, 20(5/6), 692–705.
- Margolius, D., & Bodenheimer, T. (2010). Controlling hypertension requires a new primary care model. *The American Journal of Managed Care*, 16(9), 648–650.
- U.S. Department of Health and Human Services, National Institutes of Health, National Heart, Lung and Blood Institute. (2004). *Seventh report of the Joint National Committee on prevention, detection, evaluation and treatment of high blood pressure*. Washington, DC: National Institute of Health.
- Whelton, P. K., Carey, R. M., Aronow, W. S., Casey, D. E. Jr., Collins, K. J., Dennison Himmelfarb, C., . . . Wright, J. T. Jr. (2017). ACC/AHA/AAPA/ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults. *Journal of the American College of Cardiology*, (2017), doi: 10.1016/j.jacc.2017.11.006

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