**Orthostatic Hypotension:**
1. If the patient has a 20mmHg SBP or 10mmHg DBP drop in blood pressure within 3 minutes of standing up. (Freeman 2011)
2. Referral to MD is recommended, especially with chronically low blood pressure, if ≥ 85/55, only if BP causes noticeable signs and symptoms (AHA 2011):
   - Nausea, dizziness, and lightheadedness with activity (Bradley 2003); fainting; dehydration and unusual thirst; lack of concentration; blurred vision; cold, clammy, pale skin; rapid, shallow breathing; fatigue; and depression. (AHA 2011)
3. Investigate whether pt has experienced prolong bed rest; possible side effects from medications; heart, endocrine, or neurological conditions; systemic infection; or nutritional deficiency (B12 and folate acid, causing anemia). (AHA 2011)

**Categorical Definitions of Hypertension** *(Chobanian 2003)*

<table>
<thead>
<tr>
<th>BLOOD PRESSURE</th>
<th>SYSTOLIC</th>
<th>DIASTOLIC</th>
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<tbody>
<tr>
<td>Normal</td>
<td>≤120</td>
<td>≤80</td>
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<tr>
<td>Pre-Hypertension</td>
<td>120-139</td>
<td>80-89</td>
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<tr>
<td>Hypertension Stage 1</td>
<td>140-159</td>
<td>90-99</td>
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<tr>
<td>Hypertension Stage 2 “Hypertensive Urgency”</td>
<td>≥160</td>
<td>And / Or</td>
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<tr>
<td>“Hypertensive Emergency” (Symptomatic OR with End-Organ Damage)</td>
<td>≥180</td>
<td>And / Or</td>
</tr>
</tbody>
</table>

*Questions for Investigation (Lifestyle Modification Education)* *(JNC VII 2004):*
1. What were you doing before your was BP checked?
   - Exercising, Rushing to appt, Smoking, Drinking Caffeine?
2. What do you do to control your BP? Diet (DASH), Exercise, and Medication? If poor med adherence, refer to MD. Consider consult with nutritionist.
3. Are you a smoker? If yes, provide smoking cessation education.
4. When is the last time you spoke to your MD about your BP?
5. Are you taking BP meds as prescribed? If not, why? Refer to MD. If has side effects or not adherent, refer to MD

**TAKE INITIAL BLOOD PRESSURE:** Pt seated quietly for 5’ with back on chair, feet on ground, and UE supported horizontal at heart level, measure 1x B UE (Pickering 2005,Parker 2008, Kessler 2010). Always utilize higher UE BP and signify by circling measurement.

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**SYMPTOMATIC**

**BP: HTN Stage 3 Hypertensive (Potential) Emergency**
- ≥180/≥110 (Rynn 2005) or ≥180/≥120 (JNC VII 2004)
- Call MD for Appt for that day (JNC VII 2004). Follow MD orders, Seek Ex Parameters
- **STOP PT**
- If ≤160/≤100 and asymptomatic, Continue PT, Send letter to MD for BP parameters, Pt f/u in 1 month (JNC VII 2004)
- If symptomatic, STOP Tx, and recheck BP, monitor S/S
- Significant change in heart rhythm
- Myocardial ischemia
- Referral to MD is recommended, especially with chronically low blood pressure
- Severe anxiety
- Severe headache
- Severe nausea
- Severe vomiting
- Severe abdominal pain
- Severe chest pain
- Severe shortness of breath
- Severe difficulty breathing
- Severe dizziness
- Severe confusion
- Severe cold, clammy, pale skin
- Proceed with Tx

**BP: HTN Stage 2 Hypertensive Urgency**
- ≥160 /≥100
- Recheck in sitting 5 min
- **CALL 911**
- If ≤160/≤100 and asymptomatic, Continue PT, Send letter to MD for BP parameters, Pt f/u in 1 month (JNC VII 2004)
- If symptomatic, STOP Tx, and recheck BP, monitor S/S
- Significant change in heart rhythm
- Myocardial ischemia
- Referral to MD is recommended, especially with chronically low blood pressure
- Severe anxiety
- Severe headache
- Severe nausea
- Severe vomiting
- Severe abdominal pain
- Severe chest pain
- Severe shortness of breath
- Severe difficulty breathing
- Severe dizziness
- Severe confusion
- Severe cold, clammy, pale skin
- Proceed with Tx

**BP: HTN Stage 1 140-159/90-99**
- PCP F/U within 2 months advised (Sowers 2008, JNC VII 2004)
- Recheck in sitting 5 min
- **CALL 911**
- If ≤160/≤100 and asymptomatic, Continue PT, Send letter to MD for BP parameters, Pt f/u in 1 month (JNC VII 2004)
- If symptomatic, STOP Tx, and recheck BP, monitor S/S
- Significant change in heart rhythm
- Myocardial ischemia
- Referral to MD is recommended, especially with chronically low blood pressure
- Severe anxiety
- Severe headache
- Severe nausea
- Severe vomiting
- Severe abdominal pain
- Severe chest pain
- Severe shortness of breath
- Severe difficulty breathing
- Severe dizziness
- Severe confusion
- Severe cold, clammy, pale skin
- Proceed with Tx

**BP: Pre-HTN 120-139/80-89**
- PCP F/U within 1 yr advised (JNC VII 2004)
- Continue to monitor S/S and BP every 5’, get AED, pt in position of comfort until EMS arrives.
- **STOP PT**
- If ≤160/≤100 and asymptomatic, Continue PT, Send letter to MD for BP parameters, Pt f/u in 1 month (JNC VII 2004)
- If symptomatic, STOP Tx, and recheck BP, monitor S/S
- Significant change in heart rhythm
- Myocardial ischemia
- Referral to MD is recommended, especially with chronically low blood pressure
- Severe anxiety
- Severe headache
- Severe nausea
- Severe vomiting
- Severe abdominal pain
- Severe chest pain
- Severe shortness of breath
- Severe difficulty breathing
- Severe dizziness
- Severe confusion
- Severe cold, clammy, pale skin
- Proceed with Tx

**BP: Normal ≤120/≤80**
- Prospective F/U is advisable (JNC VII 2004)
- Continue to monitor S/S and BP every 5’, get AED, pt in position of comfort until EMS arrives.
- **STOP PT**
- If ≤160/≤100 and asymptomatic, Continue PT, Send letter to MD for BP parameters, Pt f/u in 1 month (JNC VII 2004)
- If symptomatic, STOP Tx, and recheck BP, monitor S/S
- Significant change in heart rhythm
- Myocardial ischemia
- Referral to MD is recommended, especially with chronically low blood pressure
- Severe anxiety
- Severe headache
- Severe nausea
- Severe vomiting
- Severe abdominal pain
- Severe chest pain
- Severe shortness of breath
- Severe difficulty breathing
- Severe dizziness
- Severe confusion
- Severe cold, clammy, pale skin
- Proceed with Tx