

HYPERTENSION

CRD-5 Protocol and Pathway - Cardiology Specialty (14/03/2011)

Patient presents

PATIENT HISTORY and EXAMINATION

1. Does this patient have malignant hypertension – consider acute referral
2. Does this patient have any possible secondary causes of hypertension
3. Does this patient have resistant hypertension
4. Have the patient tried all medications as per guidelines.
5. Is the patient extremely intolerant to antihypertensives and hence uncontrolled

INITIAL MANAGEMENT IN PRIMARY CARE

1. Good History and Physical examination
2. Consider any causes of secondary hypertension
3. Basic Investigations:
4. Bloods including, U&E, FBC, TFT, Ca, fasting lipids and glucose, Urinalysis + ACR
5. Is there any end organ damage of hypertension – eyes/kidney/heart
6. Does this problem require acute admission to hospital
7. Is his life in immediate danger
8. Are the heart sounds normal/pulse regular/irregular, tachy or bradycardic
9. Check medications ? an iatrogenic cause
10. Rule out postural Hypotension – Perform Lying and Standing BP's
11. Does this patient have a relevant cardiac History
12. Refer if cardiac cause felt the most likely problem
13. Calculate CVD risk and offer appropriate lifestyle advice

IF NO IMPROVEMENT OR MORE COMPLEX CARE NEEDED, THEN:

1. As above AND:
2. ECG – if normal, low likelihood of structural cardiac disease
3. ECHO if concerned
4. 24 BP monitor if indicated- ? monitoring therapy/white coat HTN
5. 24 urinary collection – protein/cortisol/metanephrines/creatinine clearance

ONWARD REFERRAL

Key

Patient presents

GP level intervention

Non-Primary Care

Red flag