Blood pressure - Uncontrolled

DEFINITION / PATHOPHYSIOLOGY

High blood pressure is a common condition in which the long-term force of the blood against the artery walls is high enough that it may eventually cause health problems, such as heart disease.

Abnormal increases in blood pressure are defined as having blood pressures higher than 120/80 mmHg. The following table outlines and defines high blood pressure severity levels.

Stages	Systolic (top number)		Diastolic (bottom number)
Prehypertension	120-139	OR	80-89
High blood pressure Stage 1	140-159	OR	90-99
High blood pressure Stage 2	160 or higher	OR	100 or higher

The ranges in the table are blood pressure guides for adults who do not have any short-term serious illnesses. People with diabetes or chronic kidney disease or pregnancy should keep their blood pressure below 130/80 mmHg.

SIGNS & SYMPTOMS

High blood pressure is a largely "symptomless "silent killer. Others may experience:

- Severe headache
- Severe anxiety
- Shortness of breath
- Nosebleed
- Feeling of pulsations in the neck or head

ADVERSE DRUG REACTION NURSING CARE GUIDELINES AAPACE © 2021. ALL RIGHTS RESERVED.

What are the early warning signs of high blood pressure?

When they do manifest, the most conspicuous signs of high blood pressure are dizziness, blurry vision, breathing problems, and a pounding pulse. Less clear symptoms include headaches, nose bleeds, and nausea. Most individuals with early-stage hypertension don't experience noticeable or worrisome symptoms, although some do.

ASSESSMENT:

History-

- Known duration and past workup of high BP, cardiovascular, cerebrovascular, renal, or thyroid disease; diabetes mellitus, pituitary disorders; obesity; dyslipidemia; menopause or hormone replacement.
- Use of any prescription or over the counter, illicit or herbal medications or products; previous use of antihypertensive drug therapy.
- Family history of hypertension or cardiovascular diseases; tobacco use, alcohol use, sedentary lifestyle.

Physical-Mental

- Use correctly sized blood pressure cuff for the patient's arm.
- Be aware that anxiety issues will change BP readings.

NURSING INTERVENTIONS

- Be specific about the names, actions, dosage, and side effects of prescribed medication.
- Caution patient not to stop drugs abruptly because withdrawal may cause a severe hypertensive reaction.
- Encourage patient to eat diet rich in fruits, vegetables, and low-fat dairy foods, with reduced saturated and total fats.
- Instruct patient not to smoke, exercise or drink caffeine for 30 min before measuring BP. Do not take BP over clothing.
- Encourage patient to exercise for at least 30 min a day.
- Assess patient knowledge of the disease and its prescribed management.

PATIENT TEACHING

- Instruct patient that HTN cannot be diagnosed with only one measurement.
- Teach patient how to measure his or her own blood pressure using proper sized cuff.
- Encourage patient to quit smoking and provide information about support groups.
- Provide rationales and strategies for low sodium diet and need for potassium rich foods.
- Provide rationales and strategies for weight reduction.
- Signs and symptoms to report to health care provider: chest pain, shortness of breath, edema, weight gain greater than 2lb per day or 5lb per week, nosebleeds, changes in vision, headaches, and dizziness.

CULTURAL CONSIDERATIONS

Take in consideration patient culture and any possible herbal or over the counter medication patient is taking that may react with prescribed medications.

Take in consideration patient cultural influence on diet.

COORDINATING CARE WITH NURSING ASSISTANT

Instruct CNA how to take correct blood pressure measurements, using the correct sized cuff and reporting the elevation in blood pressure.

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REFERENCES:

Mosby's dictionary of Medicine, nursing & Health Professions

Meg Gulanick/ Judith L. Myers; Nursing Care Plans Diagnoses, Interventions, and Outcomes/Edition 8

Betty J. Ackley, Gail B. Ladwig; Nursing Diagnosis Handbook: An Evidence-Based Guide to Planning Care / Edition 9

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