**HYPERTENSION PROTOCOL: INITIAL VISIT**

1. **RATIONALE** 
   1. This protocol will assist in the differentiation between essential hypertension and renal artery stenosis to aid in the identification of patients in need of referral to nephrology to prevent further renal damage from an unidentified renal artery stenosis. The design of the protocol for UTI encompasses these principles.
2. **SYMPTOMS**
   1. HYPERTENSION
      1. Blood pressure >140/90 mmHg
      2. Other possible subjective symptoms
         1. Headache
         2. Visual changes
         3. Dyspnea
         4. Chest pain
         5. Sensory or motor deficit
   2. RENAL ARTERY STENOSIS
      1. Onset of hypertension age >55 years or <30 years
      2. History of accelerated, malignant, or resistant hypertension
      3. History of unexplained kidney dysfunction
      4. History of multivessel coronary artery disease
      5. History of other peripheral vascular disease
      6. Abdominal bruit
      7. Sudden or unexplained recurrent pulmonary edema
      8. Other possible factors
         1. Absence of family history of hypertension
         2. Other bruits
         3. History of acute kidney injury after administration of ACE inhibitor or angiotensin II receptor antagonist (ARB)
3. **HISTORY** 
   1. Continue with treatment of hypertension but consult supervising physician if patient has:
      1. History of accelerated, malignant, or resistant hypertension
      2. History of unexplained kidney dysfunction
      3. History of multivessel coronary artery disease
      4. History of other peripheral vascular disease
      5. Abdominal bruit
      6. Sudden or unexplained recurrent pulmonary edema
4. **PHYSICAL EXAM** 
   1. Perform the following examinations:
      1. Vital Signs (blood pressure, pulse)
      2. Auscultation for bruits (carotid, abdominal, and femoral)
      3. Palpation of thyroid
      4. Cardiac
      5. Respiratory
      6. Lower extremities for edema and pulses
      7. Neurological
   2. Consult supervising physician if findings of:
      1. Abdominal bruit
      2. Another bruit
5. **LAB TESTS** 
   1. Metabolic panel
      1. Cholesterol
      2. Blood sugar
      3. Uric acid level
   2. Glomerular filtration rate
   3. Consult supervising physician if:
      1. GFR indicates chronic kidney disease (CKD) or renal failure
6. **PHARMACOLOGICAL TREATMENT** 
   1. List the hypertension drug classifications and examples you would prescribe in order of treatment according to clinical practice guidelines without consideration of race or ethnicity: *(Provide generic names for examples. Doses are not needed or required.)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Drug Category/ Classification | Example 1 | Example 2 | Example 3 | Example 4 |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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Citation (Provide (Author, year) and not full reference): Click or tap here to enter text.

* 1. 1st line pharmacological treatment if warranted in a non-African American patient after a thiazide diuretic has been given and no compelling contraindications/comorbidities are identified: *(Choose a generic drug from the drug class you would like to prescribe to either add to existing treatment or replace a thiazide.)*
     1. Drug: Click or tap here to enter text.
     2. Dose: Click or tap here to enter text.
     3. Route: Click or tap here to enter text.
     4. Frequency: Click or tap here to enter text.
     5. Instructions to provide patient: Click or tap here to enter text.
     6. Caution/Precautions: Click or tap here to enter text.
     7. Using a source such as GoodRX, what is an estimated cost of this drug for a 30-day supply? Click or tap here to enter text.
     8. What patient education is needed for this drug?Click or tap here to enter text.

Citation (Provide (Author, year) and not full reference): Click or tap here to enter text.

* 1. 1st line pharmacological treatment if warranted in an African American patient after a thiazide diuretic has been given and no compelling contraindications/comorbidities are identified: *(Choose a generic drug from the drug class you would like to prescribe to either add to existing treatment or replace a thiazide.)*
     1. Drug: Click or tap here to enter text.
     2. Dose: Click or tap here to enter text.
     3. Route: Click or tap here to enter text.
     4. Frequency: Click or tap here to enter text.
     5. Instructions to provide patient: Click or tap here to enter text.
     6. Caution/Precautions: Click or tap here to enter text.
     7. Using a source such as GoodRX, what is an estimated cost of this drug for a 30-day supply? Click or tap here to enter text.
     8. What patient education is needed for this drug?Click or tap here to enter text.

Citation (Provide (Author, year) and not full reference): Click or tap here to enter text.

* 1. When should ACEIs be used in African Americans according to the course textbook? *Include a citation with matching reference in the reference section.* 
     1. Click or tap here to enter text.
     2. Click or tap here to enter text.
     3. Click or tap here to enter text.

Citation (Provide (Author, year) and not full reference): Click or tap here to enter text.

* 1. Prescribe statin therapy according to the prescription table which follows:

*Complete the following table to indicate which drug at which dose would be used for different intensity statin therapies to treat high low-density lipoprotein (LDL) as noted in the course textbook. Each drug listed in each column should be a different drug with a specific dose or dose rans as indicated in your course textbook.*

|  |  |  |
| --- | --- | --- |
| High-Intensity Therapy | Moderate-Intensity Therapy | Low-Intensity Therapy |
| Daily dose lowers LDL-C on average by  Click or tap here to enter text. | Daily dose lowers LDL-C on average by  Click or tap here to enter text. | Daily dose lowers LDL-C on average by  Click or tap here to enter text. |
| Drug/Dose 1: Click or tap here to enter text.  Drug/Dose 2: Click or tap here to enter text. | Drug/Dose 1: Click or tap here to enter text.  Drug/Dose 2:Click or tap here to enter text.  Drug/Dose 3:Click or tap here to enter text.  Drug/Dose 4:Click or tap here to enter text.  Drug/Dose 5:Click or tap here to enter text. | Drug/Dose 1: Click or tap here to enter text.  Drug/Dose 2:Click or tap here to enter text.  Drug/Dose 3:Click or tap here to enter text. |
| What patient education is needed when prescribing statins? Consider any patient counseling points and adverse effects they may need to be aware of or report if experienced. | Click or tap here to enter text. | |

Citation (Provide (Author, year) and not full reference): Click or tap here to enter text.

1. **TREATMENT MONITORING** 
   1. How long until a follow up appointment should be done with patient?

Click or tap here to enter text.

* 1. Monitoring needs for blood pressure medication prescribed: *(Include physical assessments as well as lab/diagnostics as applicable. If not applicable, enter N/A to show you find it not applicable.)*
     1. Physical Assessments:

Click or tap here to enter text.

* + 1. Labs/Diagnostics:

Click or tap here to enter text.

Citation (Provide (Author, year) and not full reference): Click or tap here to enter text.

* 1. Monitoring needs for statin medication prescribed: *(Include physical assessments as well as lab/diagnostics as applicable. If not applicable, enter N/A to show you find it not applicable.)*
     1. Physical Assessments:

Click or tap here to enter text.

* + 1. Labs/Diagnostics:

Click or tap here to enter text.

Citation (Provide (Author, year) and not full reference): Click or tap here to enter text.

1. **TREATMENT FAILURE** 
   1. How will you know if the treatment is not working or needs to progress? *Include a citation with matching reference in the reference section.*

Click or tap here to enter text.

Citation (Provide (Author, year) and not full reference):

References