



## BEST PRACTICES

### Management of Asymptomatic Elevated Blood Pressure

Date Reviewed	7/31/2021
Subject	Management of Asymptomatic High Blood pressure readings
Patient Population	Pregnant patients of any age and Adults ( $\geq 18$ years old)
Rationale	<p>The disease of hypertension (HTN) is diagnosed by sustained elevated blood pressure and results in significant morbidity and mortality long-term. HTN is common and important to recognize and treat. Not all elevated blood pressure readings, however, indicate the disease of HTN and, in the overwhelming majority of cases, acute treatment or emergency department (ED) referral is not required. Most patients can be followed up over time in a nonacute setting, to confirm the diagnosis and start treatment if needed. Appropriate urgent care clinician interpretation and response to elevated blood pressure readings will lead to increased recognition of the disease of HTN, while decreasing unnecessary ED referrals.</p>
Introduction	<p>Blood pressure elevated above normal levels is commonly seen in urgent care, in patients with known HTN and those without the diagnosis. A reliable and accurate diagnosis of HTN requires elevated blood pressure readings on several occasions, in most cases over several days, and incorporating blood pressure readings when patients are outside of medical settings is now emphasized.</p> <p>Expert guidelines outline an approach to patients with high blood pressure readings that is safe and improves the accuracy of diagnosis of the disease of HTN. Such an approach is suitable to urgent care medicine situations.</p>



<p>Evidence-based guideline with strength of evidence</p>	<p>Patient with elevated blood pressure and symptoms that could represent an acute end-organ effect (acute coronary syndrome, acute congestive heart failure, vascular dissection, acute stroke syndrome, pre-eclampsia/eclampsia, etc.) should be promptly and safely transferred to a medical setting where this can be evaluated and treated. Many times, these symptoms of end-organ changes should prompt similar transfer, regardless of blood pressure readings at the time. Front office and all clinical staff should be educated about early recognition of such symptoms.</p> <p>Staff who are responsible for taking patient vital signs should be educated regarding the appropriate technique for acquiring blood pressure readings.<sup>2</sup></p> <p>Initially elevated readings may be repeated once or twice, again emphasizing proper technique.</p> <p><b>For pregnant patients of any age</b>, a BP <math>\geq</math> 160 systolic OR <math>\geq</math> 110 diastolic on one occasion or BP <math>\geq</math> 140 systolic OR <math>\geq</math> 90 diastolic on 2 occasions at least 4 hours apart in a woman after 20 weeks EGA should raise suspicion and trigger testing for preeclampsia (or referral for same), even in an asymptomatic patient.</p> <p><b>For nonpregnant adults (age 18 years and older)</b>, the following strategies are recommended for blood pressures in specific ranges:</p> <p>&lt;130/85 (i.e., "normal"). Remeasure within 3 years (1 year in those with other cardiac risk factors).</p> <p>130–159/85–99. Refer for primary care follow-up within a few weeks. If possible, obtain and record several out-of-office (e.g., pharmacy or home monitor) blood pressure measurements during that time.</p> <p>&gt;160/100. Refer for primary care follow-up within a few days to a week. If possible, obtain and record several out-of-office (e.g., pharmacy or home monitor) blood pressure measurements during that time.</p>
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	<p>≥180/110. It is reasonable to make a diagnosis of HTN in a single visit if there is evidence of cardiovascular disease (asymptomatic) already apparent and begin treatment or the patient may be referred to primary care promptly. Consideration may be given to checking serum creatinine.</p> <p>Practices which and clinicians who are interested in diagnosing and treating HTN should be familiar with resources and guidelines and consider a standardized protocol.<sup>1, 2, 5</sup></p>
Discussion	<p>When elevated blood pressure readings are found in nonpregnant patients in urgent care, the patient should be risk-stratified based on the level of blood pressure elevation and accordingly referred for follow-up. Immediate referral is not necessary unless symptoms of acute end-organ effects (as above) are present. In most cases, such symptoms require prompt treatment and referral regardless of blood pressure. Pregnant patients require different decision-making. Determining next steps for all other patients is non-emergent. Confirmation of elevated readings is typically sought prior to beginning medications. Healthy lifestyle measures may be recommended for all patients.</p>
Summary	<p>Guidelines from several organizations endorse a measured approach to diagnosing and treating HTN. Elevated blood pressure readings once or even multiple times in one day, in nonpregnant patients, does not require immediate intervention in asymptomatic patients. Such elevations should, however, generate recommendations for repeating measurements outside of medical settings and reviewing values with a primary care or other clinician with expertise in treating HTN. The timing of such follow-up should be based on the initial level of blood pressure elevation.</p>
References	<p>1. USPSTF. Screening for Hypertension in Adults. US Preventive Services Task For Reaffirmation Recommendation Statement. <i>JAMA</i>. 2021;325(16):1650-1656. doi:10.1001/jama.2021.4987.</p>



	<p>2. Unger T, et al. 2020 International Society of Hypertension Global Hypertension Practice Guidelines. <i>Hypertension</i>. 2020;75:1334-1357. doi:10.1161/hypertensionAHA.120.15026</p> <p>3. Gestational Hypertension and Preeclampsia. ACOG Practice Bulletin, Number 222 Obstet Gynecol. 2020 Jun;135(6):e237-e260. DOI: 10.1097/AOG.0000000000003891</p> <p>4. Wolf SJ, et al. Clinical Policy: Critical Issues in the Evaluation and Management of Adult Patients in the Emergency Department With Asymptomatic Elevated Blood Pressure. <i>Ann Emerg Med</i>. 2013;62:59-68. <a href="http://dx.doi.org/10.1016/j.annemergmed.2013.05.012">http://dx.doi.org/10.1016/j.annemergmed.2013.05.012</a></p> <p>5. Iacovo JM, Cohen B, Butler JM. Implementing clinical practice guidelines in adults with hypertension: an effective practice change in urgent care. <i>J Urgent Care Med</i>. 2021;15(6);25-32.</p>
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Attachments (flow charts, graphics, tables, etc.)	NA