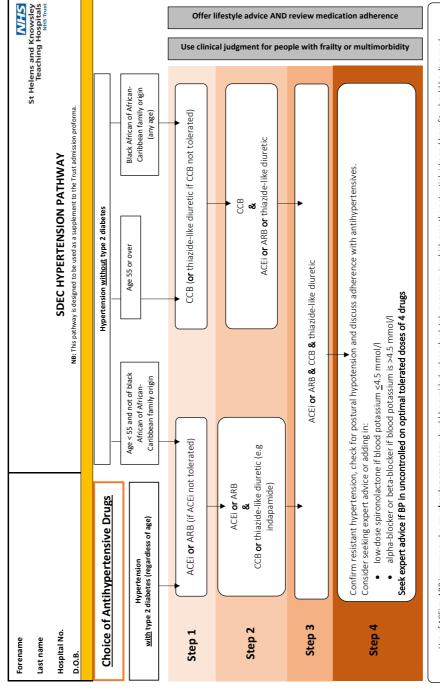
St Helens and Knowsley Teaching Hospitals NHS Trust Plasma metanephrines (request on CareFlow, send sample on ice, patient to be fasted prior to collection and have avoided caffeine) 1. Discuss antihypertensives treatment if **<80 years old** in addition to lifestyle advice if $\underline{1}$ of the Assess for life-threatening symptoms such as new onset confusion, chest pain, signs of heart failure, or acute kidney injury 4. Senior clinician review if signs/symptoms of phaeochromocytoma (for e.g., labile or postural hypotension, headache, palpitations, pallor, abdominal pain or diaphoresis) Renin & Aldosterone (request on CareFlow, take immediately to lab, do 2. Consider antihypertensive treatment in addition to lifestyle advice for adults **<60 years old** with an estimated 10 year risk of cardiovascular disease below 10% Commence antihypertensive treatment in addition to lifestyle advice.
 GP to recheck BP and U&E in 1 week.
 If 400 years old consider secondary causes of hypertension as stated above and AMU clinic follow. 3. Consider antihypertensive treatment if >80 years old and BP >150/90 (+ lifestyle advice) 4. If <40 years old consider secondary causes of hypertension and check the following: 5. If signs of end organ damage or patient dinically unwell consider intravenous (IV) antihypertensives (e.g. labetalol) and transfer to Enhanced Care/CCU. Then refer to AMU clinic to review above (does not have to wait). 5. If antihypertensives commenced GP to review in ${\bf 1}$ week for BP and U&E check. 1. Commence antihypertensive drugs (GP to recheck BP and U&E in 1 week) Estimated 10-year risk of cardiovascular disease of 10% or more NB: This pathway is designed to be used as a supplement to the Trust admission proforma. 2. Assess for signs of retinal hae morrhage and/or papilledema Request renal USS & Echo Urine U&E SDEC HYPERTENSION PATHWAY Evidence of end organ damage Established cardiovascular risk Renal disease not refrigerate) Cortisol Diabetes BP 160/100 but <180/120 STAGE 1 HTN **ABPM 150/95** ABPM 135/85 BP 140/90-STAGE 2 HTN severe HTN DBP >120 and/or SBP >180 159/99 149/94 and/or ŏ Approved by: DTG May 2023
Review: May 2026
Authors: Nicola Jones, Dr Olatoye & Dr Varia
References: NICE CG 136 Hypertension in
adults: diagnosis and management & NICE CKS
Hypertension Ambulatory Blood Damage (HMOD) E.g.- LVH, CKD, Assess for Cardiovascular Mediated Organ HTN retinopathy, Urine ACR, urine Check HbA1C & Hypertension Monitoring cholesterol Assess for Pressure Refer for **QRISK3** (ABPM) risk Version: 1.0 **Blood Pressure** hypertrophy CKD- chronic kidney disease HTN- hypertension SBP – systolic blood pressure DBP – diastolic blood (on x2 readings) pressure ACEi – ACE inhibitor ARB – angiotensin-II receptor blocker CCB - calcium channel BP 140/90 -180/120 BP – blood pressure LVH- left ventricular (mm/Hg) blocker U&E – urea and Hospital No. Last name Forename electrolytes D.O.B.



Use of ACEi or ARB in women who are planning pregnancy should be avoided unless absolutely necessary, in which case the potential risks and benefits should be discussed.

Consider an ARB, in preference to an ACEi in adults of African and Caribbean family origin.