

## # Clinical Guidelines for Hypertension Management

## Purpose This document provides concise clinical guidelines for primary care providers managing adult patients with hypertension.

## Definitions - \*\*Hypertension (HTN):\*\* Systolic BP  $\geq 140$  mmHg or diastolic BP  $\geq 90$  mmHg on two separate readings.

## Initial Evaluation 1. Confirm elevated blood pressure on two separate occasions. 2. Assess for secondary causes (renal disease, endocrine disorders). 3. Baseline labs: CBC, CMP, TSH, fasting lipid profile, HbA1c, urinalysis.

## Medication Recommendations - \*\*Stage 1 HTN (140-159 / 90-99):\*\* - First-line: Thiazide diuretics or ACE inhibitors (e.g., lisinopril) depending on comorbidities. - \*\*Stage 2 HTN ( $\geq 160$  /  $\geq 100$ ):\*\* - Combination therapy often recommended. - \*\*Special considerations:\*\* - CKD: ACE inhibitor or ARB preferred. - Diabetes: ACE inhibitor/ARB favored for renal protection.

## Monitoring & Follow-up - Reassess BP within 2-4 weeks after initiating or changing medication. - Monitor renal function and potassium 1-2 weeks after starting ACEi/ARB.

## Emergency Signs (Red Flags) - Sudden chest pain, severe shortness of breath, neurological deficits, or marked BP  $> 180/120$  - refer to ED immediately.

## References 1. Example Clinical Hypertension Guidelines 2023. 2. Local formulary and prescribing guidance.