

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.