

# HYPERTENSION ENCOUNTER FORM



Patient's name: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_ BMI (over): \_\_\_\_\_

## HISTORY OF PRESENT ILLNESS

\_\_\_\_\_  
 \_\_\_\_\_

- Loud snoring, obesity, gasping and daytime sleepiness (sleep apnea)
- Headache, sweating and palpitations (pheochromocytoma)

### Major risk factors (check if present)

- Hypertension
- Tobacco use
- Obesity (BMI  $\geq 30$  kg per m<sup>2</sup>)
- Physical inactivity
- Dyslipidemia
- Diabetes mellitus
- Microalbuminuria or glomerular filtration rate  $< 60$  mL per minute
- Age  $> 55$  years (men) or  $> 65$  years (women)
- Family history of premature cardiovascular disease (men  $< 55$  years or women  $< 65$  years)

### Target-organ damage (check if present)

- Left ventricular hypertrophy or chronic heart failure
- Angina, prior myocardial infarction, revascularization
- Stroke or transient ischemic attack
- Chronic kidney disease
- Peripheral arterial disease
- Retinopathy

## PHYSICAL EXAMINATION

<b>Bilateral blood pressure measure:</b>	Systolic blood pressure (SBP)/diastolic blood pressure (DBP)
Right arm:	/
Left arm:	/

### Diagnosis confirmed by:

- Serial measurements at home
- Serial measurements in the office
- Ambulatory blood pressure monitoring

	Normal	Abnormal	Looking for	Comment if abnormal
Optic fundi	<input type="checkbox"/>	<input type="checkbox"/>	Vascular disease	_____
Auscultate for bruits				_____
Carotid	<input type="checkbox"/>	<input type="checkbox"/>	Vascular disease	_____
Abdominal	<input type="checkbox"/>	<input type="checkbox"/>	Vascular disease	_____
Femoral	<input type="checkbox"/>	<input type="checkbox"/>	Vascular disease	_____
Thyroid gland	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid disease	_____
Heart	<input type="checkbox"/>	<input type="checkbox"/>	Valve disease, cardiomegaly	_____
Lungs	<input type="checkbox"/>	<input type="checkbox"/>	Heart failure	_____
Abdomen				_____
Aortic pulsation	<input type="checkbox"/>	<input type="checkbox"/>	Aneurysm	_____
Mass	<input type="checkbox"/>	<input type="checkbox"/>	Aneurysm	_____
Lower extremity edema				_____
Edema	<input type="checkbox"/>	<input type="checkbox"/>	Heart failure	_____
Pulses	<input type="checkbox"/>	<input type="checkbox"/>	Vascular disease	_____
Leg blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Vascular disease	_____
Purple striae/moon facies	<input type="checkbox"/>	<input type="checkbox"/>	Cushing's disease	_____
Neurologic examination	<input type="checkbox"/>	<input type="checkbox"/>	Vascular disease	_____

## LABORATORY EVALUATION

	Normal	Abnormal	Ordered	Value
<b>Looking for end-organ damage</b>				
Urinalysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Electrocardiogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Looking for causes of secondary hypertension</b>				
Potassium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Creatinine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Calcium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Looking for comorbidities</b>				
Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Low-density lipoproteins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
High-density lipoproteins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Triglycerides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hematocrit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Blood glucose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

## ASSESSMENT/PLAN

### Diagnosis:

- Prehypertension (SBP: 120 to 139 mm Hg, or DBP: 80 to 89 mm Hg)
- Stage 1 hypertension (SBP: 140 to 159 mm Hg, or DBP: 90 to 99 mm Hg)
- Stage 2 hypertension (SBP:  $\geq 160$  mm Hg, or DBP:  $\geq 100$  mm Hg)

### BP Goal:

- $\leq 140/90$  mm Hg
- $\leq 130/80$  mm Hg (if patient has diabetes or chronic kidney disease)
- Other: \_\_\_\_\_

### Lifestyle recommendations:

- Salt reduction to 2 g daily
- DASH diet
- Weight loss
- Regular exercise
- Moderation of alcohol

### Drug therapy:

### Follow-up:

PHYSICIAN'S SIGNATURE: \_\_\_\_\_

# HYPERTENSION ENCOUNTER FORM continued

## DECISION SUPPORT FOR FURTHER INVESTIGATION

- Abnormal creatinine or severe hypertension → Consider renovascular disease.
- Hypokalemia → Consider primary aldosteronism.
- Thyroid abnormality → Consider hyperthyroidism.
- Upper but not lower extremity hypertension → Consider coarctation of aorta.
- Bruit → Consider cerebrovascular disease.
- Headache, sweating and palpitations → Consider pheochromocytoma.
- Cushingoid body habitus → Consider Cushing's disease.
- Persistent or severe elevation → Consider medications, illicit drug use and excessive alcohol use.
- Loud snoring, obesity, gasping and daytime sleepiness → Consider sleep apnea.

## DECISION SUPPORT FOR SELECTION OF A DRUG CLASS

### Indications

- Stage 1: No compelling indications (as listed below)
- Stage 2: No compelling indications (as listed below)

### Compelling indications for certain antihypertensive drugs

- Stable angina
- Acute coronary syndrome or unstable angina
- Postmyocardial infarction
- Heart failure – asymptomatic with left ventricular dysfunction
- Heart failure – symptomatic left ventricular dysfunction
- High coronary artery disease risk
- Diabetes
- Chronic kidney disease
- Recurrent stroke prevention

### Recommendations

Diuretic for most. May consider ACEI, ARB, BB, CCB or combination.  
Two-drug combination for most. Usually thiazide diuretic plus ACEI or ARB, BB or CCB.

- BB (alternate is long acting CCB)
- BB or ACEI
- ACEI, BB or AldoAnt
- ACEI or BB
- ACEI, BB, ARB, AldoAnt or loop diuretic
- Diuretic, BB, ACEI or CCB
- ACEI, ARB, diuretic, BB or CCB
- ACEI or ARB
- Diuretic or ACEI

ACEI = angiotensin-converting enzyme inhibitor; ARB = angiotensin receptor blocker; BB = beta blocker; CCB = calcium channel blocker; AldoAnt = aldosterone antagonist.

## GENERIC DRUGS

### Diuretics

- Chlorthalidone, 12.5 to 25 mg once daily
- Hydrochlorothiazide (HCTZ), 12.5 to 50 mg once daily
- Triamterene/HCTZ, 37.5 to 75 mg/25 to 50 mg once daily

### Aldosterone blockers

- Spironolactone, 25 to 50 mg once daily

### Angiotensin-converting enzyme inhibitors

- Lisinopril, 10 to 40 mg once daily
- Enalapril, 2.5 to 40 mg daily, divided doses once to twice daily

### Beta blockers

- Metoprolol, 50 to 100 mg once to twice daily
- Atenolol, 25 to 100 mg once daily

## BODY MASS INDEX CALCULATOR

Weight		Height Inches cm	Height															
Lb	kg		58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73
		147	150	152	155	157	160	163	165	168	170	173	175	178	180	183	185	188
90	41	19	18	18	17	16	16	15	15	15	14	14	13	13	13	12	12	12
100	45	21	20	20	19	18	18	17	17	16	16	15	15	14	14	14	13	13
110	50	23	22	22	21	20	20	19	18	18	17	17	16	16	15	15	15	14
120	55	25	24	23	23	22	21	21	20	19	19	18	18	17	17	16	16	15
130	59	27	26	25	25	24	23	22	22	21	20	20	19	19	18	18	17	17
140	64	29	28	27	27	26	25	24	23	23	22	21	21	20	20	19	19	18
150	68	31	30	29	28	27	27	26	25	24	24	23	22	22	21	20	20	19
160	73	34	32	31	30	29	28	28	27	26	25	24	24	23	22	22	21	21
170	77	36	34	33	32	31	30	29	28	27	27	26	25	24	24	23	22	22
180	82	38	36	35	34	33	32	31	30	29	28	27	27	26	25	24	24	23
190	86	40	38	37	36	35	34	33	32	31	30	29	28	27	27	26	25	24
200	91	42	40	39	38	37	36	34	33	32	31	30	30	29	28	27	26	26
210	95	44	43	41	40	38	37	36	35	34	33	32	31	30	29	29	28	27
220	100	46	45	43	42	40	39	38	37	36	35	34	33	32	31	30	29	28
230	105	48	47	45	44	42	41	40	38	37	36	35	34	33	32	31	30	30
240	109	50	49	47	45	44	43	41	40	39	38	37	36	35	34	33	32	31
250	114	52	51	49	47	46	44	43	42	40	39	38	37	36	35	34	33	32
260	118	54	53	51	49	48	46	45	43	42	41	40	38	37	36	35	34	33
270	123	57	55	53	51	49	48	46	45	44	42	41	40	39	38	37	36	35
280	127	59	57	55	53	51	50	48	47	45	44	43	41	40	39	38	37	36
290	132	61	59	57	55	53	51	50	48	47	46	44	43	42	41	39	38	37

■ BMI ≤ 24: Normal weight; □ BMI 25 to 29: Overweight; ■ BMI 30 to 39: Obese; ■ BMI ≥ 40 Extreme obesity.

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