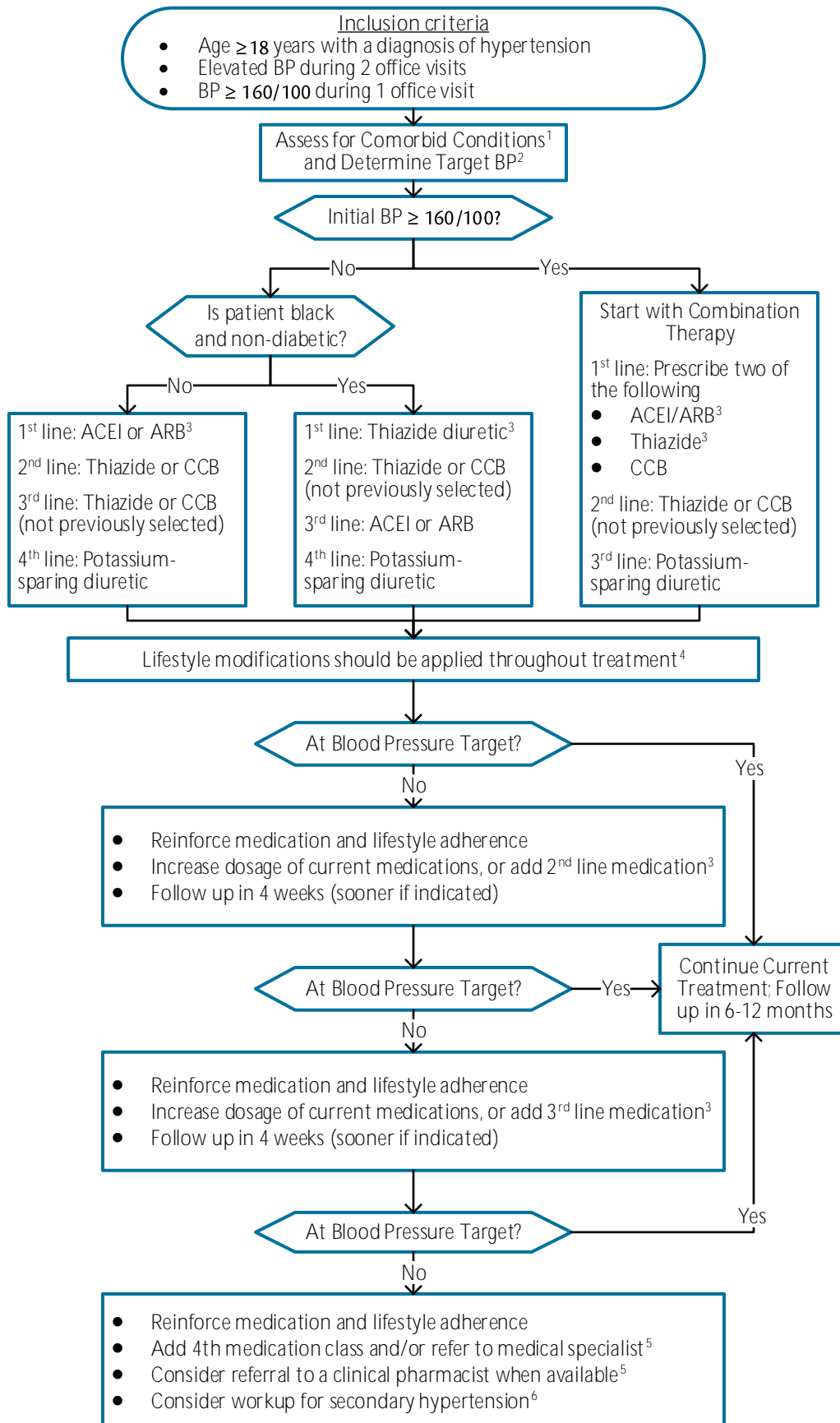


UW Medicine | VALLEY MEDICAL CENTER

Ambulatory Care Pathway: Hypertension



1. Assess for Comorbid Conditions

- Hypercholesterolemia
- Diabetes Mellitus
- Chronic Kidney disease
- Tobacco Use
- Obesity
- Sleep Apnea

Initial Lab Work/Testing

- CMP
- CBC
- Lipid Panel
- TSH
- Urinalysis
- EKG

2. Determine Target BP

Age < 80 years old ASCVD risk < 10%	Target BP < 140/90
Age < 80 years old ASCVD risk $\geq 10\%$	Target BP < 130/80
Age ≥ 80 years old	Target BP < 150/90

Individualized BP targets for patients with multiple comorbidities, high fall risk, frailty, dementia or short life expectancy

3. Monitoring

Before and within 4 weeks of starting ACEI/ARB or Diuretics, order a Basic Metabolic Profile

4. Lifestyle Modifications

- Smoking cessation, limit alcohol intake
- Control blood glucose and lipids
- Diet
 - Eat healthy (DASH diet)
 - Reduce sodium intake to <2400mg/day
- Physical activity
 - Moderate activity at least 150 mins per week averaging 30mins most days of the week

For low risk patients lifestyle modifications can be implemented for 3 months prior to starting medications

5. Referral Criteria

- Clinical Pharmacist: If not at goal after 3 meds, or significant drug interactions and/or allergies
- Cardiology: If not at goal after 3 meds, and HTN associated with severe CHF or Cardiomyopathy
- Nephrology: If not at goal after 3 meds, has \geq CKD Stage 3, or abnormal secondary hypertension renal workup

6. Workup for secondary hypertension

- Aldosterone to renin ratio
- Sleep study
- VUS Renal Artery Evaluation

Epic Tools

Preventative Hypertension BPA
GEN HTN CPG VMG Smartset