

## **HYPERTENSION CHRONIC CARE MANAGEMENT PLAN**

### **HYPERTENSION OVERVIEW**

Hypertension is a silent condition that quietly increases the morbidity and mortality of adults. The condition may start during childhood, making it an important screen throughout the life span. Research continues to determine optimal blood pressure. This will likely vary in individuals and family groups but in general, the lower the blood pressure the better.

A common myth among our patient population is that low blood pressure is dangerous. This myth is substantiated only in life-threatening situations when bleeding, breathing, and biochemical balance is threatened. Adolescent and adult normative blood pressures should be less than 140/90.

#### **Synopsis and Monitoring**

**Prevention**—Intense preventive health measures should be employed for occasional elevated blood pressures that respond to healthy lifestyle and improved mental health.

**Flowsheets**—Any student who is interested may request that his or her blood pressure be monitored by the wellness staff. Such monitoring is recommended for students with family history or previous occasional elevations in blood pressure because hypertension is silent and behaviors related to center life may exacerbate the condition. Flowsheets should be developed by the wellness staff to record date, blood pressure, weight, and pulse quarterly for these students. Monitoring is required for students identified with hypertension and should include the above screens monthly during treatment maintenance and more frequently during evaluation and treatment, as determined by the clinician. Flowsheets for chronic hypertension should include basic laboratory chemistries, BUN, creatinine, cholesterol, and triglycerides annually or more frequently as the wellness staff prescribes.

**Intervention**—Treatment plans should be considered for students being treated for hypertension at the time of application to Job Corps or who are identified with an initial elevated blood pressure on entry. The Interdisciplinary Team (IDT) will design a comprehensive treatment plan for students referred by Outreach and Admissions, and the wellness staff will do the same for those students demonstrating 3 weekly consecutive elevated blood pressures. A student whose blood pressure returns to normal with a healthy lifestyle should be monitored in the preventive health program.

#### **Management Interventions**

Outreach and Admissions should inquire about the student's knowledge of his or her blood pressure values and whether the student has been advised to seek medical evaluation for elevated blood pressures. When the answer is yes, the student should be referred to the IDT.

When the student record is referred to the IDT, prior medical records are required to verify the student has sought evaluation and followed the treatment management recommendations of the evaluating clinician. The team will need to obtain appropriate medications and prepare the center to accommodate the needs of the student. On entry the student should enter the center's management plan for students with hypertension.

Most often students will present for the screen in the Wellness Center, and blood pressure elevation will be identified. A single elevation in pressure is not diagnostic, as environmental factors such as stress may create temporary elevations. Blood pressures should be monitored weekly for 3 weeks for these students and a referral made to the center physician or other licensed clinicians for a more thorough patient and family history and recommendations for a healthy lifestyle. Lifestyle is known to impact blood pressure. New entrants may require a month to settle into the program, when the blood pressures are variable.

Students who are referred from the IDT or who maintain 3 consecutive elevated pressures should be referred to the medical team. The clinician evaluates the need for medication, diet, exercise, and appropriate sleep. The mental health consultant evaluates for stress-related life components and the need for short-term counseling and/or medication. The center dietitian and the recreational manager should design an individual diet and exercise plan for the student.

The IDT will monitor the blood pressure correction and the impact of student life on health and blood pressure during residential living, basic education, and vocational training. When blood pressure cannot be maintained at

an acceptable level despite rigorous intervention, the student must leave the center (Medical Separation With Reinstatement, MSWR) and return home for more aggressive treatment. Once the blood pressure problem is resolved, the student may return to training.

The IDT will meet 6 weeks before the student graduates and begin to ensure that the student is autonomous and capable of independence in the management of blood pressure medicine and maintaining a healthy lifestyle. The center must refer the student to health care professionals upon graduation to continue the management of the patient's blood pressure.

#### **Accurate measurement**

- Standard mercury sphygmomanometer
- Seated quietly for 5 minutes
- Arm supported at heart level
- Bladder cuff size 80%-100% circumference of the arm; width 40% of upper arm
- Repeated measurement x 3 before diagnosis of hypertension

#### **Diagnostic evaluation**

- Assess risk factors, co-morbidity, identifiable causes, target organ damage
- Obtain laboratory testing: CBC, urinalysis, fasting glucose and lipid profile, BUN, creatinine, electrolytes, calcium, phosphorus, uric acid, urine albumin/creatinine ratio; consider thyroid testing if indicated
- Obtain electrocardiogram to evaluate for left ventricular hypertrophy (LVH)

#### **JCN 7 Guidelines**

- Risk of cardiovascular disease (CVD) beginning at BP 115/75 mmHg, doubles with each increment of 20/10 mmHg
- Consider systolic blood pressure (BP) 120-139 or diastolic BP 80-89 as prehypertensive, requiring lifestyle modifications to prevent CVD
- Thiazide diuretics as first line therapy
- Most patients with hypertension require two or more drugs to achieve BP goals
- Effective therapy only if patients motivated

**Applicant/Student Name:** \_\_\_\_\_

**HYPERTENSION CHRONIC CARE MANAGEMENT PLAN**

**OUTREACH AND ADMISSIONS PERIOD**

Please provide us with the following information.

1. Date of diagnosis: \_\_\_\_\_
2. Age of onset: \_\_\_\_\_
3. List current medications and/or treatment including dosage and frequency prescribed.  
\_\_\_\_\_  
\_\_\_\_\_
4. Has applicant been compliant with medications and treatment? If no, please explain.  
\_\_\_\_\_  
\_\_\_\_\_
5. List past hospitalizations including dates, reason for admission, and discharge summaries.  
\_\_\_\_\_  
\_\_\_\_\_
6. What is current status and prognosis? \_\_\_\_\_
7. When was last appointment? \_\_\_\_\_
8. Will the applicant need to continue follow-up under your care? If yes, please list the date and/or frequency of follow-up appointments. \_\_\_\_\_
9. In your opinion, will the applicant be able to self-manage medications unsupervised and participate in a vocational training program? If no, please explain.  
\_\_\_\_\_  
\_\_\_\_\_
10. In your opinion, will the applicant be appropriate to reside in a dormitory style residence with minimal supervision? If no, please explain.  
\_\_\_\_\_  
\_\_\_\_\_
11. Are there any restrictions or limitations related to this specific illness?  
\_\_\_\_\_  
\_\_\_\_\_
12. List any precipitants to a hypertensive crisis for this applicant.  
\_\_\_\_\_
13. List any allergies for this applicant.  
\_\_\_\_\_

**Applicant/Student Name:** \_\_\_\_\_

14. What is the applicant's smoking history?

\_\_\_\_\_

15. Does the applicant use hormonal contraception? (females only)

\_\_\_\_\_

16. Does the applicant have health insurance documentation?

\_\_\_\_\_

Please sign below and return the form in the attached addressed envelope.

\_\_\_\_\_  
**Print Name and Title**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Phone**

\_\_\_\_\_  
**Date**

For any questions, please call \_\_\_\_\_

**Admission Counselor/Health and Wellness Staff**

\_\_\_\_\_  
**Phone**

Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_ DOB: \_\_\_\_\_

**HYPERTENSION CHRONIC CARE MANAGEMENT PLAN**

**CAREER PREPARATION PERIOD, CAREER DEVELOPMENT PERIOD, CAREER TRANSITION PERIOD**

**Goals:**

1. Enhance employability by optimizing control of hypertension.
2. Educate the student regarding recognition of symptoms and self-management.
3. Reduce the likelihood of long-term complications.
4. Optimize therapy with diet, exercise, and/or antihypertensive drugs.
5. Implement regularly scheduled follow-up visits.

<b>CAREER PREPARATION PERIOD</b>		
<b>YES</b>	<b>NO</b>	
		<b>Establish a Hypertension Action Plan for student defined as persistent blood pressure greater than 140/90 and/or prescribed antihypertensive therapy</b>
		Weekly to monthly visits to establish optimal control of blood pressure
		Visits every 2-3 months once stable blood pressure is attained
		Assess vocational training match
		Mandatory TUPP/smoking cessation enrollment
		Annual influenza vaccination in October or November
		Emergency response plan
		<b>Educate student on potential hypertension complications</b>
		<ul style="list-style-type: none"> <li>• Coronary heart disease</li> <li>• Stroke or transient ischemic attack</li> <li>• Congestive heart failure</li> <li>• End stage renal disease</li> <li>• Peripheral arterial disease</li> <li>• Retinopathy</li> </ul>
		<b>Educate student about lifestyle choices</b>
		<ul style="list-style-type: none"> <li>• Reduce sodium intake</li> <li>• Maintain adequate intake of potassium</li> <li>• Weight management</li> <li>• Encourage whole fruits, vegetables, low fat milk, increased fiber</li> <li>• Avoid soda and fruit juices</li> <li>• Encourage aerobic physical activity (exercise 30 minutes per day, 5 days per week)</li> <li>• Avoid sedentary lifestyle (limit TV)</li> <li>• Avoid smoking</li> <li>• Limit alcohol use</li> </ul>
		<b>Educate student on hypertension management as it relates to employment</b>
<b>CAREER DEVELOPMENT PERIOD</b>		
		<b>Monitor adherence issues</b>
		<ul style="list-style-type: none"> <li>• Medication regimen</li> <li>• Medication refills</li> <li>• Routine medical care</li> <li>• Urgent medical care</li> <li>• Environmental control</li> <li>• Self-monitoring</li> <li>• Physiotherapy</li> <li>• Rest</li> <li>• Exercise</li> <li>• Nutrition</li> <li>• Tobacco, alcohol, drug use</li> </ul>

Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_ DOB: \_\_\_\_\_

<b>CAREER TRANSITION PERIOD</b>		
<b>YES</b>	<b>NO</b>	
		Conduct a Wellness Center exit interview approximately 2 weeks before program completion
		Identify potential sources of primary health care, and specialty care if needed, in the work community
		Obtain signed HIPAA authorizations for the transfer of student health records to identified health care providers
		Assist the student in enrolling or maintaining enrollment in a public or private health insurance program
		Provide the student with a copy of the SF-93, SF-88, immunization records, and chronic care management plan, including flowsheets
		Provide the student with an adequate amount of medication(s) and supplies at departure

**See Hypertension Flowsheet for tracking patient visits.**

**See Treatment Guideline for Hypertension for additional information and guidance.**

## HYPERTENSION CHRONIC CARE MANAGEMENT PLAN FLOWSHEET

Student Name:						
Sex: M or F		Date of Birth:		Date of Entry:		
Initial Blood Pressure		Blood Pressure Target:				
Initial Weight:		140/90 or greater - hypertension				
Initial BMI:		120/80 or less - ideal				
Co-Morbid Conditions:						
Reminders: <ul style="list-style-type: none"> <li>• Explain the consequences of hypertension</li> <li>• Review medications and adverse effects</li> <li>• Refer to TUPP, IDT, the counselor/case manager, and Hypertension Wellness group</li> <li>• Set goals with patient (weight loss and exercise, avoid excessive alcohol, TUPP, and salt intake/diet)</li> </ul>						
<b>BLOOD PRESSURE AND SELF MANAGEMENT</b>						
<b>FREQUENCY</b>		<b>DATE</b>				
<b>EVERY 3 MONTHS</b>	Blood Pressure					
	Smoking: Yes    No					
	Activity level (at least 30 min, 5 days/week)					
	Salt intake					
	Alcohol consumption					
	Weight (Target = _____ )					
	Sleep					
<b>TESTS</b>						
<b>AT LEAST ANNUALLY</b>	Fasting glucose					
	Microalbumin (urine)					
	Lipid TC/HDL ratio					
	LDL-C					
	Triglycerides					
<b>MEDICATIONS/EFFECTS</b>						
Diuretic (first choice):			Calcium channel blocker:			
Beta blocker:			Combination:			
ACE inhibitor:			Other:			