

Blood Pressure Management for Medical Student OSCE

Introduce, identify, explain, consent Ask Noticed any symptoms of HTN such as headaches, vomiting, visual disturbances, fits? More than 2 raised bp readings on 2 separate occasions? Risk factors for bp? Smoking Stress Alcohol Weight Diet & cholesterol and salt Lack of exercise PMH & angina, MI, CVA, TIA FH DH for HTN & concordance / why not? Medical advice & discussion of HTN with relation to the patient Why pt has HTN & possible reasons & relevant risk factors Lifestyle changes to adopt Smoking & reduce / quit Diet & healthier, low fat / salt Alcohol Exercise & regular e.g. daily 30 min brisk walk Weight & consider reducing to BMI 20-25 kg/m² Stress & alter environment / consult counsellor / relaxation techniques Investigations to request & identify end organ damage + 2? HTN causes Urine & glucose (diabetes), haematuria and proteinuria (renal disease) U&Es & renal impairment, Hyperaldosteronism ECG & myocardial ischaemia, left ventricular hypertrophy, angina CXR & cardiac failure, coarction of aorta (in young hypertensives) Treatment & taking into account class + dose of pt's current medication & change dose / change class / add another class British hypertensive society guidelines for treatment: sustained systolic >160mmHg or diastolic >100mmHg; OR sustained systolic >140mmHg, diastolic >90mmHg, with end organ damage, cardiovascular risk or DM. Mnemonic: ABCD & ACE inhibitors & not in renal artery stenosis (1st line if <55yrs, not black) B-blockers & last resort (N.B. 1st line in angina, except with asthma / COPD). Contraindications: mnemonic ABCDE! Only use when ACE inhibitors, Ca²⁺ channel blockers and diuretics are all already being used. Asthma Block (heart block) COPD Diabetes mellitus Electrolyte & hyperkalaemia Ca²⁺ channel blockers & side effects are bradycardia, headaches, ankle oedema Diuretics & long-acting thiazides / loop diuretics in renal disease Warnings: avoid NSAIDs, steroids, OCP/other oestrogen-containing drugs: can all elevate BP Finishing off: Check understanding, ask for questions Follow-up: further appointment in several weeks. + Hypertensive support groups & I know it is a lot to remember all at once, but we can give you a leaflet detailing all the information, would you like that? &

About the Author

Source: <http://crampuppy.com>