

Hypertension

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James chats with Dr John Saunders, [Renal Physician](#) about some of the common issues with hypertension, or high blood pressure, on the wards.

Editor: James Edwards

Interviewee: John Saunders

Hypertension on the wards

with Dr John Saunders, Renal Physician at Royal Prince Alfred Hospital, New South Wales, Australia



1. On the phone

- Are they symptomatic?



2. On arrival

- Ensure BP reading is real (do a manual)
- Look at trend of BP
- Check for signs of pulmonary oedema, chest pain, headache, neurological function, affected vision
- Check comorbidities - renal disease, heart failure



3. Investigations

- Guided by the patient's clinical status

4. Management

- Give usual medications if they have been missed
- Use small doses of short acting agents like hydralazine or clonidine
- GTN patches cause headache and are ineffective at lowering BP (except in heart failure or angina)
- Long acting agents like amlodipine are more appropriate in the long term management

5. Take home messages

- Manage the patient, not the number.
- Hypertension is really common. Work out if it's a big change from normal.
- Think about the cause of the hypertension. (Missed medication? Pain?)
- Be careful in special groups - pregnant women, intracerebral bleeding, stroke, neurosurgical situations.
- If the patient looks well and is asymptomatic, there may not be a need to treat the hypertension.
- Always consult a more senior person (e.g. medical registrar) before instituting treatment.

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