

OKLAHOMA DEPARTMENT OF CORRECTIONS  
NURSING PRACTICE PROTOCOLS  
**Hypertension**

MSRM 140117.01.1.3  
(R-4/19)

**Subjective Data:**

Chief complaint: \_\_\_\_\_ **Allergies:** \_\_\_\_\_

Onset: \_\_\_\_\_  New Onset  Chronic  Recurrence Severity of attack: Scale: (1-10) \_\_\_\_\_

**Risk Factors:**

- |   |  |  |  |                                 |                                       |
|---|--|--|--|---------------------------------|---------------------------------------|
| <input type="checkbox"/> Diabetes         | <input type="checkbox"/> Cardiovascular Disease    | <input type="checkbox"/> Stroke                  | <input type="checkbox"/> Renal Disease                       | <input type="checkbox"/> Smoker | <input type="checkbox"/> Caffeine Use |
| <input type="checkbox"/> Illicit Drug Use | <input type="checkbox"/> Excessive Licorice Intake | <input type="checkbox"/> Excessive Sodium Intake | <input type="checkbox"/> Previous Treatment for Hypertension |                                 |                                       |

**Associated symptoms:**

- |                                    |  |                                   |  |                                   |                                   |
|------------------------------------|--|-----------------------------------|--|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Epistaxis | <input type="checkbox"/> Muscle cramps | <input type="checkbox"/> Headache | <input type="checkbox"/> Visual Disturbances | <input type="checkbox"/> Weakness | <input type="checkbox"/> Sweating |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Palpitations  | <input type="checkbox"/> Tinnitus | <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Edema    | <input type="checkbox"/> Anxiety  |
| <input type="checkbox"/> Nausea    | <input type="checkbox"/> Vomiting      | <input type="checkbox"/> Polyuria |  |                                   |                                   |

**Current Medications:** \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**Objective Data:** (clinically indicated VS)

BP (sitting) \_\_\_\_\_ (lying) \_\_\_\_\_ (standing) \_\_\_\_\_ Pulse \_\_\_\_\_ Resp. \_\_\_\_\_ Temp. \_\_\_\_\_ Wt. \_\_\_\_\_ O<sub>2</sub> sats. \_\_\_\_\_ FSBS \_\_\_\_\_

Respiration	Lung Sounds	Skin	LOC	Swelling	Appearance
<input type="checkbox"/> Even	<input type="checkbox"/> Clear	<input type="checkbox"/> Warm	<input type="checkbox"/> Awake	<input type="checkbox"/> Extremities	<input type="checkbox"/> No distress
<input type="checkbox"/> Uneven	<input type="checkbox"/> Rhonchi	<input type="checkbox"/> Pink	<input type="checkbox"/> Alert	<input type="checkbox"/> Generalized	<input type="checkbox"/> Mild distress
<input type="checkbox"/> Labored	<input type="checkbox"/> Wheezes	<input type="checkbox"/> Cool	<input type="checkbox"/> Oriented X__	<input type="checkbox"/> Pitting	<input type="checkbox"/> Moderate distress
<input type="checkbox"/> Unlabored	<input type="checkbox"/> Diminished	<input type="checkbox"/> Pale	<input type="checkbox"/> Confused		<input type="checkbox"/> Severe distress
<input type="checkbox"/> Shallow	<input type="checkbox"/> Rales	<input type="checkbox"/> Cyanotic	<input type="checkbox"/> Lethargic		
<input type="checkbox"/> Deep	<input type="checkbox"/> Crackles	<input type="checkbox"/> Mottled	<input type="checkbox"/> Comatose		
<input type="checkbox"/> Use of accessory muscles		<input type="checkbox"/> Diaphoretic			

**CONTACT HEALTH CARE PROVIDER IMMEDIATELY IF.** *Health care provider must be called if not on site or if after clinic hours.*

- If diastolic blood pressure is > 120 mm Hg, or systolic blood pressure > 200 mm Hg
- Cardiac symptomology  Unresponsive to treatment  Call 911 if altered mental status change
- Emergency department notification time: \_\_\_\_\_ Transport time: \_\_\_\_\_

**Health Care Provider:** \_\_\_\_\_ **Time Notified:** \_\_\_\_\_ **Orders Received for Treatment:**  Yes  No

*If physical exam is negative for any of the above s/s and/or there is no need for additional medication/treatment, proceed with nursing interventions.*

**Plan: Interventions: Hypertensive** (check all that apply)

- Check in assessment only for health care providers visit.
- Chief complaint resolved prior to appointment. Instructed inmate to follow-up sick call for signs/symptoms warranting further evaluation. Assessment completed.

**If diastolic blood pressure is > 120 mm Hg, or systolic blood pressure > 200 mm Hg**

- Reassure inmate, provide calm, quiet environment
- Place inmate in semi-fowler position or reclining position
- Place pulse oximeter and administer Oxygen at 2L minute via nasal cannula to maintain oxygen saturation above 90% (requires provider order)
- Monitor blood pressure, cardiac rate and rhythm
- Monitor breath sounds, heart tones and peripheral pulses
- Monitor skin color, moisture, temperature and capillary refill time
- Monitor and record vital signs and neurologic status every 15 minutes until the diastolic blood pressure is reduced to 100 mm Hg or provider has evaluated the inmate.
- Administer medications as prescribed (requires provider order)
- Insert intravenous saline lock (requires provider order)
- Hypertension Stage I – [Systolic 140-159; Diastolic 90-99]. Perform B/P checks 2 – 3 times a week times 2 weeks. Schedule chart review with provider to review results.
- Hypertension Stage II – [Systolic ≥ 160 Diastolic ≥ 100]. Perform B/P checks 3 times a week for 1 week and then schedule an appointment with provider to review results.
- Education/Intervention: Instructed to avoid salt rich foods, factors that trigger increase B/P, medications, treatments, follow-up sick call if no improvement. Inmate verbalizes understanding of instructions.

**Progress Note:** \_\_\_\_\_

**Health Care Provider Signature/Credentials:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**RN/LPN Signature/credentials:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

Inmate Name  
(Last, First)

DOC #