Complete Summary

GUIDELINE TITLE

Nursing management of hypertension.

BIBLIOGRAPHIC SOURCE(S)

Heart and Stroke Foundation of Ontario, Registered Nurses Association of Ontario (RNAO). Nursing management of hypertension. Toronto (ON): Heart and Stroke Foundation of Ontario and Registered Nurses Association of Ontario (RNAO); 2005 Oct. 136 p. [155 references]

GUIDELINE STATUS

This is the current release of the guideline.

COMPLETE SUMMARY CONTENT

SCOPE
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SCOPE

DISEASE/CONDITION(S)

Hypertension

GUIDELINE CATEGORY

Diagnosis
Evaluation
Management
Treatment

CLINICAL SPECIALTY

Cardiology
Family Practice
Internal Medicine
Nursing

INTENDED USERS

Advanced Practice Nurses
Nurses

GUIDELINE OBJECTIVE(S)

To provide nurses with recommendations, based on the best available evidence, related to nursing interventions for high blood pressure detection, client assessment, and development of a collaborative treatment plan, promotion of adherence, and ongoing follow-up

TARGET POPULATION

Adults 18 years of age and older (including the older adult over 80)

This is not meant to exclude the pediatric client, but children have special assessment needs related to developmental stages that are beyond the scope of this guideline. This guideline also does not address hypertension in adults related to pregnancy, transient hypertension, pulmonary hypertension, endocrine hypertension, or hypertension related to secondary causes (i.e., renal disease).

INTERVENTIONS AND PRACTICES CONSIDERED

Diagnosis/Assessment

1. Regular, accurate blood pressure measurement using a calibrated monitor
2. Patient education regarding self/home blood pressure monitoring including community-based self monitoring devices and ambulatory blood pressure monitoring

Evaluation/Management/Treatment

1. Lifestyle interventions/modifications
    - Assessment of dietary risk factors, weight, body mass index (BMI), waist circumference, physical activity level, alcohol use status, tobacco use status
    - Diet modifications including DASH (Dietary Approaches to Stop Hypertension) and limitations on sodium intake
    - Weight reduction strategies
    - Increased exercise
    - Maximum alcohol consumption amounts
    - Brief Tobacco Interventions
    - Nicotine replacement therapies
    - Stress management strategies
2. Obtain medication history and provide patient education regarding medication

3. Assessment and promotion of adherence to treatment plan
4. Follow-up and documentation of management

MAJOR OUTCOMES CONSIDERED

- Accurate diagnosis of hypertension
- Prevalence of hypertension
- Rates of hypertension-associated complications including cardiovascular and cerebrovascular disease

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Hand-searches of Published Literature (Primary Sources)
Searches of Electronic Databases
Searches of Unpublished Data

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

A database search for existing evidence related to hypertension management was conducted by a university health sciences library. An initial search of the MEDLINE, Embase, and CINAHL databases for guidelines and studies published from 1995 to 2004 was conducted in November 2004. This search was structured to answer the following questions:

- How can nurses accurately detect symptoms of hypertension in the adult population?
- What effective treatment interventions can nurses utilize in practice to decrease blood pressure?

Detailed search strings developed to address these questions are available on the Registered Nurses Association of Ontario (RNAO) Web site at www.rnao.org/bestpractices.

One individual searched an established list of Web sites for content related to the topic area in September 2004. This list of sites, reviewed and updated in May 2004, was compiled based on existing knowledge of evidence-based practice Web sites, known guideline developers, and recommendations from the literature. Presence or absence of guidelines was noted for each site searched as well as date searched. The Web sites at times did not house guidelines, but directed to another Web site or source for guideline retrieval. Guidelines were either downloaded if full versions were available or were ordered by phone/email.

In addition, a Web site search for existing practice guidelines on hypertension management was conducted via the search engine "Google," using key search terms. One individual conducted this search, noting the results of the search, the Web sites reviewed, date, and a summary of the results. The search results were further reviewed by a second individual who identified guidelines and literature not previously retrieved.

Panel members were asked to review personal archives to identify guidelines not previously found through the above search strategy.

The search strategy described above resulted in the retrieval of 708 abstracts on the topic of hypertension. These abstracts were then screened by a research assistant in order to identify duplications and assess for inclusion/exclusion criteria. The resulting abstracts were included on a short list for article retrieval, quality appraisal, and data summary. In addition, 12 clinical practice guidelines were identified that met the screening criteria and were critically appraised using the *Appraisal of Guidelines for Research and Evaluation Instrument* (AGREE Collaboration, 2001) instrument.

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Levels of Evidence

Ia Evidence obtained from meta-analysis of randomized controlled trials

Ib Evidence obtained from at least one randomized controlled trial

IIa Evidence obtained from at least one well-designed controlled study without randomization

IIb Evidence obtained from at least one other type of well-designed quasi-experimental study, without randomization

III Evidence obtained from well-designed non-experimental descriptive studies, such as comparative studies, correlation studies, and case studies

IV Evidence obtained from expert committee reports or opinions and/or clinical experiences of respected authorities

METHODS USED TO ANALYZE THE EVIDENCE

Review of Published Meta-Analyses
Systematic Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

In October of 2004, a panel of nurses with expertise in hypertension management from a range of practice settings was convened under the auspices of the Heart and Stroke Foundation of Ontario (HSFO) and the Registered Nurses Association of Ontario (RNAO). The panel discussed the purpose of their work and came to consensus on the scope of the best practice guideline.

The panel members divided into subgroups to undergo specific activities using the short listed guidelines, evidence summaries, studies, and other literature for the purpose of drafting recommendations for nursing interventions. This process resulted in the development of practice, education and organization, and policy recommendations. The panel members as a whole reviewed the first draft of recommendations, discussed gaps, reviewed the evidence, and came to consensus on a final set of recommendations.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

External Peer Review
Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

This draft was submitted to a set of external stakeholders for review and feedback--an acknowledgement of these reviewers is provided at the front of this document. Stakeholders represented various healthcare professional groups, clients, and families, as well as professional associations. External stakeholders were provided with specific questions for comment, as well as the opportunity to give overall feedback and general impressions. Subsequent to stakeholder review, the Canadian Hypertension Education Program (CHEP) Executive Committee reviewed the guideline and endorsed the recommendations.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

The levels of evidence supporting the recommendations (Ia, Ib, IIa, IIb, III, IV) are defined at the end of the "Major Recommendations" field.

Practice Recommendations

Detection and Diagnosis

Recommendation 1.1

Nurses will take every appropriate opportunity to assess the blood pressure of adults in order to facilitate early detection of hypertension.

(Level of Evidence = IV)

Recommendation 1.2

Nurses will utilize correct technique, appropriate cuff size, and properly maintained/calibrated equipment when assessing clients' blood pressure.

(Level of Evidence = IV)

Recommendation 1.3

Nurses will be knowledgeable regarding the process involved in the diagnosis of hypertension.

(Level of Evidence = IV)

Recommendation 1.4

Nurses will educate clients about self/home blood pressure monitoring techniques and appropriate equipment to assist in potential diagnosis and the monitoring of hypertension.

(Level of Evidence = IV)

Recommendation 1.5

Nurses will educate clients on their target blood pressure and the importance of achieving and maintaining this target.

(Level of Evidence = IV)

Assessment and Development of a Treatment Plan

Lifestyle Interventions

Recommendation 2.1

Nurses will work with clients to identify lifestyle factors that may influence hypertension management, recognize potential areas for change, and create a collaborative management plan to assist in reaching client goals, which may prevent secondary complications.

(Level of Evidence = IV)

Diet

Recommendation 2.2

Nurses will assess for and educate clients about dietary risk factors as part of management of hypertension, in collaboration with dietitians and other members of the healthcare team.

(Level of Evidence = IV)

Recommendation 2.3

Nurses will counsel clients with hypertension to consume the DASH Diet (Dietary Approaches to Stop Hypertension), in collaboration with dietitians and other members of the healthcare team.

(Level of Evidence = Ib)

Recommendation 2.4

Nurses will counsel clients with hypertension to limit their dietary intake of sodium to the recommended quantity of 65 to 100 mmol/day, in collaboration with dietitians and other members of the healthcare team.

(Level of Evidence = Ia)

Healthy Weight

Recommendation 2.5

Nurses will assess clients' weight, body mass index (BMI), and waist circumference.

(Level of Evidence = IV)

Recommendation 2.6

Nurses will advocate that clients with a BMI greater than or equal to 25 and a waist circumference over 102 cm (men) and 88 cm (women) consider weight reduction strategies.

(Level of Evidence = IV)

Exercise

Recommendation 2.7

Nurses will assess clients' current physical activity level.

(Level of Evidence = IV)

Recommendation 2.8

Nurses will counsel clients, in collaboration with the healthcare team, to engage in moderate intensity dynamic exercise to be carried out for 30 to 60 minutes, 4 to 7 times a week.

(Level of Evidence = Ia)

Alcohol

Recommendation 2.9

Nurses will assess clients' use of alcohol, including quantity and frequency, using a validated tool.

(Level of Evidence = Ib)

Recommendation 2.10

Nurses will routinely discuss alcohol consumption with clients and recommend limiting alcohol use, as appropriate, to a maximum of:

- Two standard drinks per day or 14 drinks per week for men
- One standard drink per day or 9 drinks per week for women and lighter weight men

(Level of Evidence = III)

Smoking

Recommendation 2.11

Nurses will be knowledgeable about the relationship between smoking and the risk of cardiovascular disease.

(Level of Evidence = IV)

Recommendation 2.12

Nurses will establish clients' tobacco use status and implement Brief Tobacco Interventions at each appropriate visit, in order to facilitate smoking cessation.

(Level of Evidence = Ia)

Stress

Recommendation 2.13

Nurses will assist clients diagnosed with hypertension to understand how they react to stressful events and to learn how to cope with and manage stress effectively.

(Level of Evidence = IV)

Medications

Recommendation 3.1

Nurses will obtain clients' medication history, which will include prescribed, over-the-counter, herbal, and illicit drug use.

(Level of Evidence = IV)

Recommendation 3.2

Nurses will be knowledgeable about the classes of medications that may be prescribed for clients diagnosed with hypertension.

(Level of Evidence = IV)

Recommendation 3.3

Nurses will provide education regarding the pharmacological management of hypertension, in collaboration with physicians and pharmacists.

(Level of Evidence = IV)

Assessment of Adherence

Recommendation 4.1

Nurses will endeavour to establish therapeutic relationships with clients.

(Level of Evidence = IV)

Recommendation 4.2

Nurses will explore clients' expectations and beliefs regarding their hypertension management.

(Level of Evidence = III)

Recommendation 4.3

Nurses will assess clients' adherence to the treatment plan at each appropriate visit.

(Level of Evidence = III)

Promotion of Adherence

Recommendation 4.4

Nurses will provide the information needed for clients with hypertension to make educated choices related to their treatment plan.

(Level of Evidence = III)

Recommendation 4.5

Nurses will work with prescribers to simplify clients' dosing regimens.

(Level of Evidence = Ia)

Recommendation 4.6

Nurses will encourage routine and reminders to facilitate adherence.

(Level of Evidence = Ia)

Recommendation 4.7

Nurses will ensure that clients who miss appointments receive follow-up telephone calls in order to keep them in care.

(Level of Evidence = IV)

Monitoring and Follow-up

Recommendation 5.1

Nurses will advocate that clients who are on antihypertensive treatment receive appropriate follow-up, in collaboration with the healthcare team.

(Level of Evidence = IV)

Documentation

Recommendation 6.1

Nurses will document and share comprehensive information regarding hypertension management with the client and healthcare team.

(Level of Evidence = IV)

Education Recommendation

Recommendation 7.1

Nurses working with adults with hypertension must have the appropriate knowledge and skills acquired through basic nursing education curriculum, ongoing professional development opportunities, and orientation to new work places. Knowledge and skills should include, at minimum:

- Pathophysiology of hypertension
- Maximizing opportunities for detection
- Facilitating diagnosis
- Assessing and monitoring clients with hypertension
- Providing appropriate client/family education
- Supporting lifestyle changes
- Promoting the empowerment of the individual
- Documentation and communication with the client and other members of the healthcare team

(Level of Evidence = IV)

Organization & Policy Recommendations

Recommendation 8.1

Healthcare organizations will promote a collaborative practice model within the interdisciplinary team to enhance hypertension care and promote the nurses' role in hypertension management.

(Level of Evidence = IV)

Recommendation 8.2

Healthcare organizations will establish care delivery systems that allow for training in adherence management, as well as a means of accurately assessing adherence and those factors that contribute to it.

(Level of Evidence = IV)

Recommendation 8.3

Healthcare organizations will develop key indicators and outcome measurements that will allow them to monitor:

- The implementation of the guidelines

- The impact of these guidelines on optimizing quality client care
- Efficiencies, or cost effectiveness achieved

(Level of Evidence = IV)

Recommendation 8.4

Nursing best practice guidelines can be successfully implemented only where there are adequate planning, resources, organizational and administrative support, as well as appropriate facilitation. Organizations may wish to develop a plan for implementation that includes:

- An assessment of organizational readiness and barriers to education
- Involvement of all members (whether in a direct or indirect supportive function) who will contribute to the implementation process
- Dedication of a qualified individual to provide the support needed for the education and implementation process
- Ongoing opportunities for discussion and education to reinforce the importance of best practices
- Opportunities for reflection on personal and organizational experience in implementing guidelines

(Level of Evidence = IV)

Definitions:

Levels of Evidence

Ia Evidence obtained from meta-analysis of randomized controlled trials

Ib Evidence obtained from at least one randomized controlled trial

IIa Evidence obtained from at least one well-designed controlled study without randomization

IIb Evidence obtained from at least one other type of well-designed quasi-experimental study, without randomization

III Evidence obtained from well-designed non-experimental descriptive studies, such as comparative studies, correlation studies, and case studies

IV Evidence obtained from expert committee reports or opinions and/or clinical experiences of respected authorities

CLINICAL ALGORITHM(S)

Algorithms are provided in the original guideline document for:

- The Expedited Assessment and Diagnosis of Patient with Hypertension
- Brief Tobacco Intervention

- Follow-up

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of evidence is identified and graded for each recommendation (see "Major Recommendations").

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

- Accurate detection and treatment of hypertension may result in the prevention of target organ damage and the prevention of other debilitating complications
- Nurses, other health care professionals, and administrators who are leading and facilitating practice changes will find this document valuable for the development of policies, procedures, protocols, educational programs, assessments, and documentation tools.

POTENTIAL HARMS

- Nicotine replacement therapies (NRT) should be used with caution with clients in the immediate (within 2 weeks) post-myocardial infarction period, those with serious arrhythmias, and those with serious or worsening angina.
- Adverse effects of pharmacological agents. Common side effects are listed in Appendix O in the original guideline document.

CONTRAINDICATIONS

CONTRAINDICATIONS

Contraindications of Pharmacological Agents

Contraindications are listed in Appendix O in the original guideline document.

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

- This nursing best practice guideline is a comprehensive document providing resources necessary for the support of evidence based nursing practice. The document needs to be reviewed and applied, based on the specific needs of the organization or practice setting/environment, as well as the needs and wishes of the client. Guidelines should not be applied in a "cookbook" fashion but used as a tool to assist in decision making for individualized client care, as well as ensuring that appropriate structures and supports are in place to provide the best possible care.

- These best practice guidelines are related only to nursing practice and not intended to take into account fiscal efficiencies. These guidelines are not binding for nurses and their use should be flexible to accommodate client/family wishes and local circumstances. They neither constitute a liability nor discharge from liability. While every effort has been made to ensure the accuracy of the contents at the time of publication, neither the authors nor the Heart and Stroke Foundation of Ontario (HSFO) or Registered Nurses Association of Ontario (RNAO) give any guarantee as to the accuracy of the information contained in them nor accept any liability, with respect to loss, damage, injury or expense arising from any such errors or omission in the contents of this work. The views expressed in this guideline do not necessarily reflect those of the Ministry of Health and Long-Term Care. Any reference throughout the document to specific pharmaceutical products as examples does not imply endorsement of any of these products.
- It is acknowledged that effective healthcare depends on a coordinated interdisciplinary approach incorporating ongoing communication between health professionals and clients/families.
- It is acknowledged that the individual competencies of nurses varies between nurses and across categories of nursing professionals and are based on knowledge, skills, attitudes, critical analysis and decision making which are enhanced over time by experience and education. It is expected that individual nurses will perform only those aspects of hypertension management for which they have received appropriate education and experience and that they will seek appropriate consultation in instances where the client's care needs surpass their ability to act independently.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

Best practice guidelines can only be successfully implemented if there are: adequate planning, resources, organizational and administrative support, as well as appropriate facilitation. In this light, Registered Nurses Association of Ontario (RNAO), through a panel of nurses, researchers, and administrators has developed the *Toolkit: Implementation of Clinical Practice Guidelines* based on available evidence, theoretical perspectives, and consensus. The *Toolkit* is recommended for guiding the implementation of any clinical practice guideline in a healthcare organization.

The *Toolkit* provides step-by-step directions to individuals and groups involved in planning, coordinating, and facilitating the guideline implementation. Specifically, the *Toolkit* addresses the following key steps in implementing a guideline:

1. Identifying a well-developed, evidence-based clinical practice guideline.
2. Identification, assessment, and engagement of stakeholders.
3. Assessment of environmental readiness for guideline implementation.
4. Identifying and planning evidence-based implementation strategies.
5. Planning and implementing evaluation.
6. Identifying and securing required resources for implementation.

Implementing guidelines in practice that result in successful practice changes and positive clinical impact is a complex undertaking. The *Toolkit* is one key resource for managing this process.

Evaluation and Monitoring

Organizations implementing the recommendations in this nursing best practice guideline are advised to consider how the implementation and its impact will be monitored and evaluated. A table found in the original guideline document, based on a framework outlined in the Registered Nurses Association of Ontario *Toolkit: Implementation of Clinical Practice Guidelines* (2002c), illustrates some specific indicators for monitoring and evaluation of the guideline *Nursing Management of Hypertension*.

Implementation Strategies

The Registered Nurses Association of Ontario and the guideline development panel have compiled a list of implementation strategies to assist healthcare organizations or healthcare disciplines who are interested in implementing this guideline. See the original guideline document for a summary of strategies.

IMPLEMENTATION TOOLS

Chart Documentation/Checklists/Forms
Clinical Algorithm
Patient Resources
Quick Reference Guides/Physician Guides
Resources
Tool Kits

For information about availability, see the "Availability of Companion Documents" and "Patient Resources" fields below.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better
Staying Healthy

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

Heart and Stroke Foundation of Ontario, Registered Nurses Association of Ontario (RNAO). Nursing management of hypertension. Toronto (ON): Heart and Stroke Foundation of Ontario and Registered Nurses Association of Ontario (RNAO); 2005 Oct. 136 p. [155 references]

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2005 Oct

GUIDELINE DEVELOPER(S)

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SOURCE(S) OF FUNDING

Funding was provided by the Ontario Ministry of Health and Long Term Care-Primary Health Care Transition Fund.

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Not stated

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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Declarations of interest and confidentiality were made by all members of the guideline development panel. Further details are available from the Registered Nurses Association of Ontario.

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Canadian Hypertension Education Program - Medical Specialty Society

GUIDELINE STATUS

This is the current release of the guideline.

GUIDELINE AVAILABILITY

Electronic copies: Available in Portable Document Format (PDF) from the Registered Nurses Association of Ontario (RNAO) Web site.

Print copies: Available from Registered Nurses Association of Ontario (RNAO), Nursing Best Practice Guidelines Project, 158 Pearl Street, Toronto, Ontario M5H 1L3

AVAILABILITY OF COMPANION DOCUMENTS

The following are available:

- Summary of recommendations. Heart and Stroke Foundation of Ontario, Registered Nurses Association of Ontario. Nursing management of hypertension. Toronto (ON): Heart and Stroke Foundation of Ontario and Registered Nurses Association of Ontario (RNAO); 2005 Oct. 4 p. Electronic copies: Available in Portable Document Format (PDF) from the Registered Nurses Association of Ontario (RNAO) Web site.
- Toolkit: implementation of clinical practice guidelines. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2002 Mar. 88 p. Electronic copies: Available in Portable Document Format (PDF) from the Registered Association of Ontario (RNAO) Web site.
- A variety of implementation tools, including a sample food diary and alcohol consumption and stress screening tools, are available in the appendices to the original guideline document, available from the Registered Nurses Association of Ontario (RNAO) Web site.

Print copies: Available from the Registered Nurses Association of Ontario (RNAO), Nursing Best Practice Guidelines Project, 158 Pearl Street, Toronto, Ontario M5H 1L3

PATIENT RESOURCES

The following is available:

- Client education--home monitors. Appendix F. Nursing management of hypertension. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2005 Oct. Electronic copies available in Portable Document Format (PDF) from the Registered Nurses Association of Ontario (RNAO) Web site.

Please note: This patient information is intended to provide health professionals with information to share with their patients to help them better understand their health and their diagnosed disorders. By providing access to this patient information, it is not the intention of NGC to provide specific medical advice for particular patients. Rather we urge patients and their representatives to review this material and then to consult with a licensed health professional for evaluation of treatment options suitable for them as well as for diagnosis and answers to their personal medical questions. This patient information has been derived and prepared from a guideline for health care professionals included on NGC by the authors or publishers of that original guideline. The patient information is not reviewed by NGC to establish whether or not it accurately reflects the original guideline's content.

NGC STATUS

This NGC summary was completed by ECRI on December 19, 2005. The information was verified by the guideline developer on December 20, 2005.

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