

Hypertension/Hypertensive Crisis

Attending Physician: _____ **Date:** _____ **Time:** _____
Admit to Inpatient: Med/Surg Telemetry ICU
Place in Observation Services: Med/Surg Telemetry Other _____
Diagnosis: Essential Hypertension Uncontrolled Hypertension Urgency Hypertensive Crisis Other: _____
Condition: Stable Guarded Critical Good Fair Poor
 Cardiology: _____
 Nephrology: _____
 Other: _____
Allergies: _____

Code Status: Full DNR

Vital Signs: Per unit protocol
 Every _____ minutes until Blood Pressure less than _____, then every _____ hours
 every _____ hours
 Call for SBP more than _____ SBP less than _____ DBP more than _____ DBP less than _____
 Other: _____

Activity: Bed rest Up in chair Bedside commode Ambulate ad lib Bathroom privileges only

Nursing: Daily weights Intake & Output Foley to drainage
 Sequential Compression Device (SCD) Pulse oximeter Every shift Twice daily
 Glucose checks AC and at bedtime or every _____ hrs
 Other: _____

Diet: Regular NPO 2 gm low sodium Diabetic: _____ kCal ADA
 Clear liquid Full liquid Cardiac Low fat, low cholesterol
 Other: _____

Fluids: Intravenous: _____ @ _____ ml/hr
 Saline lock Other: _____

Oxygen: Nasal Cannula _____ L/min, adjust to keep O2 sat more than 92%. DC if O2 sat more than 93 % on RA
 Venti Mask _____ % FIO2 100% NRB
 Other: _____


Protocols (if available): All protocol orders must be placed in chart
 Insulin Infusion Protocol (ICU patients only)

Labs: Cardiac enzymes (CPK, CPK-MB) BMP CMP BNP
 Fasting lipid profile TSH Free T4 UA
 Plasma Renin Activity Plasma Catecholamines 24 hr Urine for Metanephrines
 CBC with differential () Now () In AM () Other _____
 CBC without differential () Now () In AM () Other _____
 Urine Drug Screen
 Other Labs: _____

Studies: CXray: Portable PA/Lateral
 EKG
 STAT EKG PRN with chest pain or palpitations
 Echocardiogram Dr _____ to read
 Other: _____

NURSE NOTED	DATE	TIME	DATE / TIME	PHYSICIAN SIGNATURE OR AUTHENTICATION
24 HR. CHART CHECK BY NURSE	DATE	TIME		

 	Account Number:	MR Number:
Patient Name:		
Admit Date:		

 Mountain Vista MEDICAL CENTER	DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	FC	
	Allergies:									
	Attending Physician Name:									

Medications: (Check the appropriate box)

- Nitroprusside sodium (Nipride 0.5 – 10 micrograms/kg/min) _____ microgram/kg per minute IV
Titrate to blood pressure: Systolic _____ Diastolic _____
- Nitroglycerin (5 – 100 micrograms/min) _____ microgram IV Bolus, then _____ micrograms/min.
Titrate to blood pressure: Systolic _____ Diastolic _____
- Labetalol (Trandate, Normodyne) 20 mg IV bolus, then:
 Start 40 60 80 mg boluses IV every 10 minutes (max total of 300 mg) OR
 Continuous IV infusion of 2 mg per minute
Titrate to blood pressure: Systolic _____ Diastolic _____
- Enalapril (Vasotec) IV 1.25 2.5 5 mg IV every 6 hrs
- Esmolol (Brevibloc) loading dose: 500 micrograms/kg IV over 1 minute, then 50 micrograms/kg per minute; titrate by 50 micrograms/kg per minute increments to a maximum of 200 micrograms/kg per minute
Titrate to blood pressure: Systolic _____ Diastolic _____
- Clonidine (Catapres) initial 0.1 0.2 mg PO followed by 0.1 mg per hour
Titrate to blood pressure: Systolic _____ Diastolic _____, Clonidine patch _____ dosing
- Hydrochlorothiazide (HydroDiuril) 12.5 25 mg PO daily
- Maxide (Hydrochlorothiazide/Triamterene 75 mg) 1 tab PO daily
- Lisinopril (Zestril, Prinivil) 2.5 5 10 20 40 mg PO daily
- Atenolol (Tenormin) initial dose 50 mg PO, then 25 50 100 mg PO daily
- Valsartan (Diovan) 80 160 mg PO daily
- Diltiazem CD (Cardizem CD) 120 180 240 mg PO daily
- Amlodipine (Norvasc) 2.5 5 10 mg PO daily
- Lorazepam (Ativan) 0.5 1 mg PO every 6hrs PRN as needed for anxiety
- Famotidine (Pepcid) 20 mg IV PO twice daily
- Pantoprazole (Protonix) 40mg IV PO once daily
- Nicotine 21 mg topical patch apply daily

Protocols: All protocol orders must be placed in chart:

- Insulin subcutaneous Sliding Scale Protocols: [] Mild Protocol [] Moderate Protocol [] Aggressive Protocol

Standard Medications: (all orders below will be implemented unless crossed out)

- ✓ Acetaminophen (Tylenol) 650 mg PO every 4 hr PRN mild pain or temp more than 101F
- ✓ Docusate sodium (Colace) 100 mg PO qHS
- ✓ MOM 30 ml PO PRN constipation
- ✓ Maalox 30 ml PO PRN heartburn
- ✓ Percocet 5/325 mg PO every 4 hrs PRN for moderate pain
- ✓ Morphine Sulfate 2 mg IV every 4 hr PRN severe pain
- ✓ Temazepam (Restoril) 15 mg PO qHS PRN sleep. May repeat dose once in one hour if no results.
- ✓ Prochlorperazine (Compazine) 5 mg IV every 6 hrs PRN nausea/vomiting


Additional Meds:

- _____
- _____
- _____

Physician Signature: _____

Date: _____ Time: _____

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24 HR. CHART CHECK BY NURSE	DATE	TIME		

 <p>1301 S. Crismon Rd. Mesa, AZ 85209</p>	DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	FC	
	Account Number: _____ MR Number: _____ Patient Name: _____ Admit Date: _____									
	Allergies: _____ Attending Physician Name: _____									