

Summary of Recommendations

RECOMMENDATION		*LEVEL OF EVIDENCE
Practice Recommendations		
Detection and Diagnosis	1.1 Nurses will take every appropriate opportunity to assess the blood pressure of adults in order to facilitate early detection of hypertension.	IV
	1.2 Nurses will utilize correct technique, appropriate cuff size and properly maintained/calibrated equipment when assessing clients' blood pressure.	IV
	1.3 Nurses will be knowledgeable regarding the process involved in the diagnosis of hypertension.	IV
	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.	IV
	1.5 Nurses will educate clients on their target blood pressure and the importance of achieving and maintaining this target.	IV
Assessment and Development of a Treatment Plan		
Lifestyle Interventions	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.	IV
Diet	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.	IV
	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.	Ib
	2.4 Nurses will counsel clients with hypertension to limit their dietary intake of sodium to the recommended quantity of 65-100 mmol/day, in collaboration with dietitians and other members of the healthcare team.	Ia
Healthy Weight	2.5 Nurses will assess clients' weight, Body Mass Index (BMI) and waist circumference.	IV
	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.	IV
Exercise	2.7 Nurses will assess clients' current physical activity level.	IV
	2.8 Nurses will counsel clients, in collaboration with the healthcare team, to engage in moderate intensity dynamic exercise to be carried out for 30-60 minutes, 4 to 7 times a week.	Ia
Alcohol	2.9 Nurses will assess clients' use of alcohol, including quantity and frequency, using a validated tool.	Ib
	2.10 Nurses will routinely discuss alcohol consumption with clients and recommend limiting alcohol use, as appropriate to a maximum of: <ul style="list-style-type: none"> ■ 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. 	III
Smoking	2.11 Nurses will be knowledgeable about the relationship between smoking and the risk of cardiovascular disease.	IV

*See page 17 for details regarding "Interpretation of Evidence".

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.	Ia
Stress	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.	IV
Medications	3.1 Nurses will obtain clients' medication history, which will include prescribed, over-the-counter, herbal and illicit drug use.	IV
	3.2 Nurses will be knowledgeable about the classes of medications that may be prescribed for clients diagnosed with hypertension.	IV
	3.3 Nurses will provide education regarding the pharmacological management of hypertension, in collaboration with physicians and pharmacists.	IV
Assessment of Adherence	4.1 Nurses will endeavour to establish therapeutic relationships with clients.	IV
	4.2 Nurses will explore clients' expectations and beliefs regarding their hypertension management.	III
	4.3 Nurses will assess clients' adherence to the treatment plan at each appropriate visit.	III
Promotion of Adherence	4.4 Nurses will provide the information needed for clients with hypertension to make educated choices related to their treatment plan.	III
	4.5 Nurses will work with prescribers to simplify clients' dosing regimens.	Ia
	4.6 Nurses will encourage routine and reminders to facilitate adherence.	Ia
	4.7 Nurses will ensure that clients who miss appointments receive follow-up telephone calls in order to keep them in care.	IV
Monitoring and Follow-up	5.1 Nurses will advocate that clients who are on antihypertensive treatment receive appropriate follow-up, in collaboration with the healthcare team.	IV
Documentation	6.1 Nurses will document and share comprehensive information regarding hypertension management with the client and healthcare team.	IV
Education 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: <ul style="list-style-type: none"> ■ 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; and ■ Documentation and communication with the client and other members of the healthcare team. 	IV

RECOMMENDATION		
Organization & Policy Recommendations		
	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.	IV
	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.	IV
	8.3 Healthcare organizations will develop key indicators and outcome measurements that will allow them to monitor: <ul style="list-style-type: none"> ■ the implementation of the guidelines, ■ the impact of these guidelines on optimizing quality client care, ■ efficiencies, or cost effectiveness achieved. 	IV
	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: <ul style="list-style-type: none"> ■ 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. 	IV



Interpretation of 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.



Responsibility for Development

As a support to nurses in applying evidence to their practice, the Heart and Stroke Foundation of Ontario (HSFO) and the Registered Nurses' Association of Ontario (RNAO) have joined together in partnership to develop and evaluate a best practice guideline focusing on nursing management of hypertension. This guideline was developed by a panel of nurses, conducting its work independent of any bias or influence from the Government of Ontario. Funding for this work was provided by the Ontario Ministry of Health and Long-Term Care – Primary Health Care Transition Fund.