



Guideline Name: Blood Pressure Monitoring: Walk-in Visit and Self-Monitoring	Effective Date: February 1, 2017
Sponsor: Millennium Collaborative Care	Type of Guideline: Medical

Purpose:

To establish policies and procedures for use by all primary care practices to guarantee patients have access to blood pressure checks without a scheduled PCP visit and without collection of a co-pay as well as to establish a standard for at-home blood pressure monitoring, including equipment evaluation and follow-up if blood pressure (BP) results are abnormal.

Walk-in Blood Pressure Check Procedure:

- Patients may walk in office for nurse visit for the purpose of having their blood pressure checked.
- Clinical staff RN or LPN will check blood pressure
- If reading is high, RN or LPN will recheck in ten minutes
- If reading is still high, RN or LPN will report blood pressure to provider
- Provider will determine further action if needed, such as:
 - May choose to see patient to discuss findings and further action if needed, such as medication adjustment
 - May direct patient to schedule an appointment
- Patients who have nurse visit blood pressure checks will not be charged a copayment.

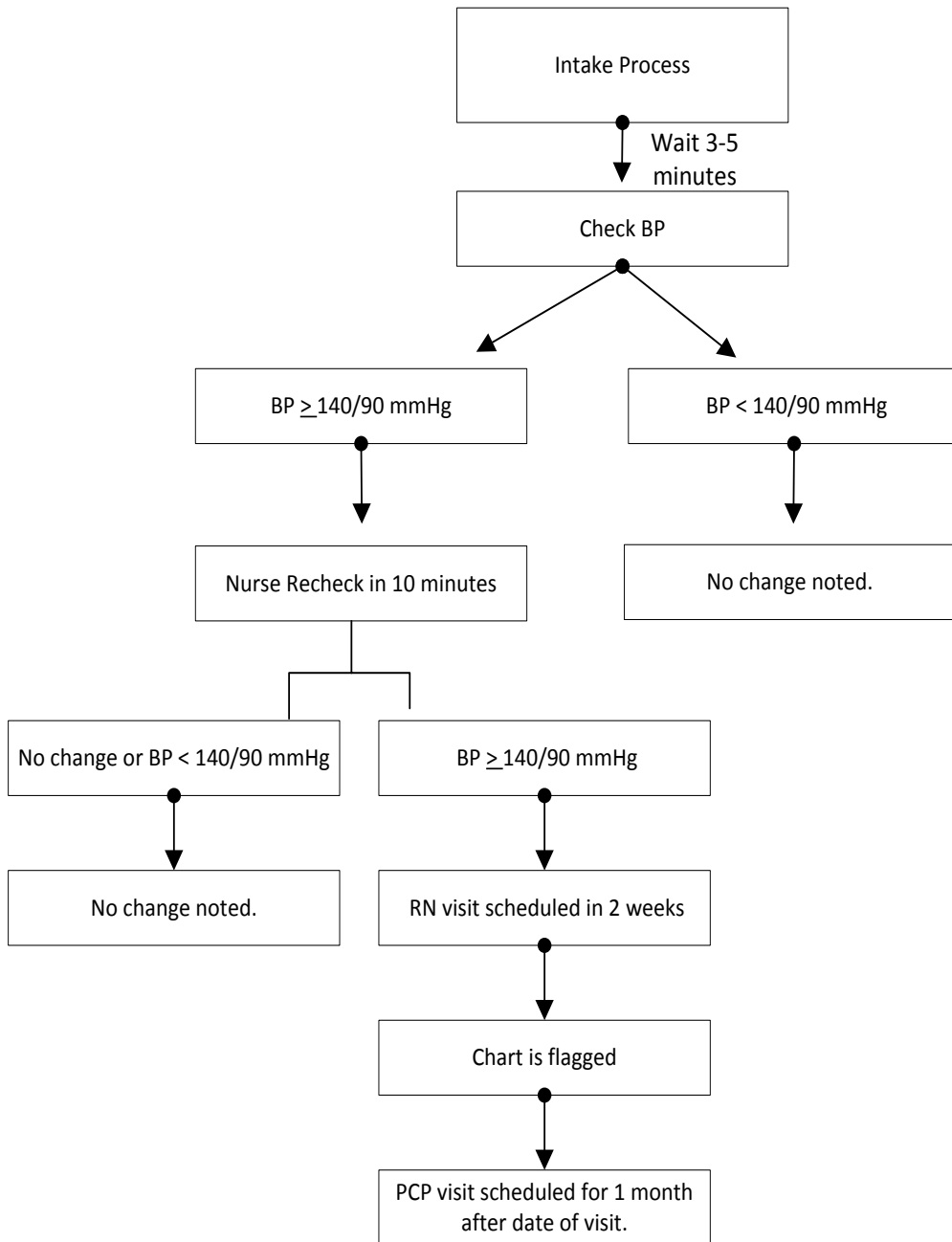
Self-Monitoring Blood Pressure Procedure:

- All Patients with hypertension (HTN) who meet the criteria for a blood pressure monitor and dependent upon insurance benefits may be prescribed a self-monitoring blood pressure (SMBP) device or may utilize other means available to them. The clinical staff reviews the types of available SMBP devices and works with patients to choose the best option.
- Patients are given a BP guide and record keeping log to record BP, instructions to maintaining a healthy diet, and protocols to follow to keep their BP at healthy rate.
- Encourage patients to bring device to their next office visit to be checked for accuracy and to be trained in proper usage.
- Patients will learn appropriate SMBP technique:
 - a. How to operate the device.
 - b. Patient preparation.
 - c. Proper positioning and technique.
 - d. When to measure BP (time of day/frequency).
- If the patient has a higher than normal reading, the patient is instructed to recheck in accordance with the BP measurement guide provided to them. If the second reading is high, the patient should call their Primary Care Office.
- Patients should record all BP readings and bring their log to every appointment.
- Patients with the following criteria must be included in the Hypertension Registries
 - Pts 18-85 yrs with dx of HTN BP > 140/90 at one or more visits in past 12 months
 - Pts with one BP reading > 140/90 at two separate visits OR >160/100 at any one visit in past 12 months, without a HTN diagnosis

References:

Million Hearts® website: http://millionhearts.hhs.gov/files/MH_SMBP_Clinicians.pdf
AMA & Johns Hopkins: <https://www.stepsforward.org/Static/images/modules/8/downloadable/SMBP%20monitoring%20program.pdf>
Feldman, R.D., Zou, G.Y., Vandervoort, M.K., Wong, C.J., Nelson, S.A.E., Feagan B.G. Randomized Controlled trial. A Simplified Approach to the Treatment of Uncomplicated Hypertension. Hypertension. 2009. 53: 646-653

Best Practices - Blood Pressure Check workflow



BLOOD PRESSURE MEASUREMENT INSTRUCTIONS

American Heart Association | American Stroke Association
life is why™

1. MAKE SURE YOU'RE RELAXED. SIT IN A CHAIR WITH YOUR FEET FLAT ON THE FLOOR WITH YOUR BACK STRAIGHT AND SUPPORTED.
2. DON'T SMOKE, EXERCISE, DRINK CAFFEINATED BEVERAGES OR ALCOHOL WITHIN 30 MINUTES OF MEASUREMENT.
3. REST IN A CHAIR FOR AT LEAST 5 MINUTES WITH YOUR LEFT ARM RESTING COMFORTABLY ON A FLAT SURFACE AT HEART LEVEL. SIT CALMLY AND DON'T TALK.
4. USE PROPERLY CALIBRATED AND VALIDATED INSTRUMENT. CHECK THE CUFF SIZE AND FIT.
5. EVERY TIME YOU MEASURE, TAKE 3 READINGS, SEPARATED BY AT LEAST 1 MINUTE AND RECORD ALL THE RESULTS.
6. TRY TO TAKE READINGS IN THE EARLY MORNING AND EVENING.