## Offer Lifestyle advice and continue to offer it periodically Suspected Hypertension Patient indentified as having a BP reading in the past 2 years >140/90 **NEW FOREST** Primary Care Network Patient is contacted and advised to collect HBPM from surgery reception and record Blood pressure readings via electronic form on PCN website for 5 days. Once completed these readings will filter to the patient records at registered practice. assess for target organ damage as soon as possible: Consider starting 150/95mmHg or more 135/85 to 149/94mmHg ABPM/HBPM drug treatment 180/120mmHg or more <135/85mmHg (stage 1) (stage 2) immediately without **HBPM** if target organ damage. Repeat clinic BP in 7 days if no target organ Age <40-consider Blood form raised for HBA1C, non-fasting cholesterol, Offer to check blood pressure at damage. U+Es (including creatinine and eGFR), Liver. Urine form specialist least every 5 years, or annually if raised for ACR. evaluation of systolic 135 – 139mmHg or Patient is contacted and offered 30 minute appointment Refer for same-day secondary causes diastolic 85 - 89mmHg to include: specialist review if: and assessment of ECG/Urine dip to check for Haematuria/ Qrisk score/ retinal long term benefits Lifestyle advice. haemorrhage or and risk of papilloedema treatment Patient to be aware blood test has been done 48h prior (accelerated to appointment date hypertension) or • life-threatening symptoms or suspected pheochromocytoma Task to prescribing clinician

Review BP, lifestyle factors, cardiovascular risk, and symptoms and if applicable review of medications annually

In addition, for

the following

Age >80 with

clinic BP >150/90

• Consider drug

groups:

mmHg:

treatment

Age <80 with

target organ

damage, CVD,

renal disease,

year CVD

risk ≥10%:

diabetes or 10-

Discuss starting

drug treatment

Age < 60 with 10-

 Consider drug treatment

year CVD risk

<10%: