

WISEWOMAN Blood Pressure Home Self-Monitoring Provider Guidelines for Implementation

A. Uncontrolled Hypertension:

1. Cases of Stage 1 or higher where treatment has not achieved/maintained blood pressure readings of <140 mmHg systolic and <90 mmHg diastolic.
2. Clients with diabetes and hypertension should be treated to a systolic blood pressure goal of <140 mmHg.
 - a. A lower systolic target, such as <130 mmHg, may be appropriate for certain individuals, such as younger clients, if it can be achieved without undue treatment burden.
 - b. Clients with diabetes should be treated to a diastolic blood pressure of <80 mmHg.

Client self-monitoring of blood pressure is a valuable addition to the management of uncontrolled hypertension and is supported by JNC-7, the American Heart Association and the American Society of Hypertension.

B. Home self-monitoring can be useful:

1. To empower the client to manage her blood pressure.
2. To monitor client who cannot get her blood pressure under control with lifestyle change and medication.
3. For client who is starting high blood pressure (HBP) treatment to determine its effectiveness.
4. To titrate medication(s).
5. To screen for white-coat hypertension.

C. Contraindication for home self-monitoring:

1. If the client has atrial fibrillation or cardiac arrhythmias (home devices may not be able to give accurate measurements).
2. If the client has physical and/or mental disabilities.

D. Who should be considered for home self-monitoring:

1. Clients who are motivated to achieve control by following a medication regimen and lifestyle changes.
2. Clients who are participating in at least five health coaching sessions for uncontrolled blood pressure.
3. Clients who understand the value of self-monitoring and are committed to monitoring long term to assess blood pressure control. The monitoring frequency will depend on provider recommendations.
4. Clients who have the manual dexterity to self-monitor and can do so appropriately.
5. Clients who are dependable and able to come to follow-up office visits and/or coaching sessions.
6. Clients who are able to take measurements as recommended and will report blood pressure measurements to the WISEWOMAN provider.

E. Introduction of home self-monitoring:

At the first uncontrolled blood pressure health coaching session, explain the value of the home monitor in controlling high blood pressure and determine level of client motivation and interest. **If client is considered a good candidate**, review the WISEWOMAN Blood Pressure Home Self-Monitoring agreement and have the client sign.

F. Service Delivery Procedure

PROCEDURE	PROVIDER(S)	ACTIVITY/COMMENTS
1. Determine home self-monitoring start date and frequency.	Nurse Practitioner, Physician, Physician Assistant	<ul style="list-style-type: none"> ✓ Measurements should be taken in the morning and evening until next visit (2-4 weeks) *number of measurements to be determined by provider and client. ✓ Recommend that the first day measurement not be considered when averaging the client's readings. ✓ Home blood pressures are generally lower than office pressures (mean is 8/6 mmHg lower).
2. Validate the monitor by checking the monitor's reading against the office equipment measures.	Nurse, Health Educator, Community Health Worker	<ul style="list-style-type: none"> ✓ After initial validation, have client bring BP monitor in and check for accuracy about every six months.
3. Teach proper technique for taking blood pressure at home.	Nurse, Health Educator, Community Health Worker	<ul style="list-style-type: none"> ✓ Use "Be Wise Health Coaching Uncontrolled Blood Pressure Guide." ✓ Make sure the client is practicing proper technique through observation.
4. Provide follow-up office visits	Nurse Practitioner, Physician, Physician Assistant, Pharmacist	<ul style="list-style-type: none"> ✓ Frequency normally in 2-4 weeks intervals. ✓ Tritrates medication until mean out-of-office blood pressure level is below 135/85 according to physician's orders. ✓ Assess high or lows, compare morning and evening readings to those obtained 3-4 hours after medication is taken ✓ Screen for White-Coat Hypertension—If no evidence of target organ damage and mean is below 130/80, medication may not be necessary.
5. Pressure readings too high or too low	Nurse, Health Educator, Community Health Worker	<ul style="list-style-type: none"> ✓ Ensure client knows to call 911 immediately if she has signs or symptoms of a heart attack or stroke. ✓ Ensure client knows who to call between office visits for clinical and/or health coaching sessions. ✓ Advise client what to do in case of an extremely high or low reading.

Reference/Resources - See National Clinical Care Blood Pressure Guidelines and Million Hearts.org