



Clinical Champion Update

Date: 10/4/21

Subject: Hypertension

Monitoring Blood Pressure in our Pediatric Population

- In 2017, the American Academy of Pediatrics published guidelines for elevated BP and HTN in children and adolescents.
- pediatric obesity strongly correlates with both pediatric and adult HTN
- accelerated weight gain might increase the risk of elevated BP in adulthood
- breastfed infants has been reliably shown to reduce the risk of elevated BP in children
- intervene early to prevent elevated BP and HTN
- risk factors: BMI >95th percentile for age, T1DM, T2DM, elevated sodium intake, sleep disordered breathing, CKD
- other risk factors: premature birth and coarctation of the aorta
- start measuring BP annually age 3 and older
- measure at every encounter if with obesity, DM, renal disease, or taking any medication known to increase BP

Classification:

Category	age 1-12 y/o	age 13 and older
Normal BP	< 90th percentile	< 120/80 mmHg
Elevated BP	Whichever is lower: >=90th percentile to <95th percentile OR 120/80mmHg to < 95th percentile	120/<80 mmHg to 129/<80mmHg
Stage 1 HTN	Whichever is lower: >=95th percentile to <= 95th Percentile + 12mmHg (systolic or diastolic) OR 130/80mmHg to 139/89mmHg	130/80mmHg to 138/89mmHg
Stage 2 HTN	whichever is lower: >=95th percentile + 12 mmHg (systolic or diastolic) OR >=140/90mmHg	>=140/90 mmHg
Source: The Journal of Family Practice June 2021		

Thanks,

Kharmen Lopez del Castillo MD, and Naomi Bliss NP

Hypertension Clinical Champions