



# HYPERTENSION GUIDELINES

ACC/AHA Task Force on Clinical Practice Guidelines (Modified for VMG)

**\*Implement Lifestyle Changes throughout Management for Clinical Decision Making.**  
 BP in office at least 3 serial occurrences or confirm office BP with HBPM readings

**Titrate Blood Pressure to a goal of less than 130/80**

Normal BP	Elevated BP	Stage 1 HTN		Stage 2 HTN	
<120/80 mmHg	120-129 <80 mmHg	130-139	80-89	≥140/90 mmHg	
Evaluate yearly	Reassess in 3- 6 months	Calculate 10-year ASCVD risk		Consider starting on 2 medications close follow-up in <u>1 month</u>	
<b>Encourage lifestyle changes:</b> * Exercise - 5days/week 30 min/day * Stop Smoking * Alcohol - one drink/day or less * Decrease sodium intake: limit 2300 mg/day	<b>Encourage lifestyle changes:</b> * Exercise - 5days/week 30 min/day * Stop Smoking * Alcohol - one drink/day or less * Decrease sodium intake: limit 2300 mg/day	<10% risk and no ASCVD risk factors † Re-eval 3-6 mos Start non-pharmacologic tx. Encourage lifestyle changes. If not at goal at 6 mos. consider starting med.	>10% risk OR with CVD, DM, CKD. Start meds and non-pharmacologic tx ↓	BP <130/80	Not at goal:
		Get orthostatic BP. Adjust as needed.	Adjust/add meds and re-eval in 1 month	If at goal re-eval in 3 mos.	Re-eval monthly until goal is met
		Start meds and f/u in 1 month			
		If not at goal re-eval monthly until goal is met.			

<b>HTN urgency &gt;180/&gt;120</b> <ul style="list-style-type: none"> <li>Stable: tx, labs tx anxiety</li> </ul>	<b>HTN emergency &gt;180/&gt;120</b> <ul style="list-style-type: none"> <li>Evidence of new or worsening end-organ damage send to ED</li> </ul>
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† ASCVD risk factors: FHx of premature CVD, Hx of hypertension in pregnancy, or Hx of premature birth