Subjective Data:
Chief complaint: ________________________________
Onset: _________ □ New Onset □ Chronic □ Recurrence Severity of attack: Scale: (1-10)
Risk Factors:
□ Diabetes □ Cardiovascular Disease □ Stroke □ Renal Disease □ Smoker □ Caffeine Use
□ Illicit Drug Use □ Excessive Licorice Intake □ Excessive Sodium Intake □ Previous treatment for Hypertension
Associated symptoms:
□ Epistaxis □ Muscle cramps □ Headache □ Visual Disturbances □ Weakness □ Sweating
□ Dizziness □ Palpitations □ Tinnitus □ Shortness of Breath □ Edema □ Anxiety
□ Nausea □ Vomiting □ Polyuria
Current Medications: ________________________________ __________________________________
Objective Data: (clinically indicated VS)
BP (sitting) _______ (lying) _______ (standing) _______ Pulse _______ Resp. _______ Temp. _______ Wt. _______ O2 sat. _______ FSBS _______

Respiration: ________________________________ _______ Skin: ________________________________ _______
LOC: ________________________________ _______ Swelling: ________________________________ _______
Appearance: ________________________________ _______ 

Respiration
Even
Uneven
Labor
Unlab
Shallow
Deep
Use of accessory muscles

Lung Sounds
Clear
Rhonchi
Wheezes
Diminished
Rales
Crackles

Skin
Warm
Pink
Cool
Pale
Cyanotic
Mottled
Diaphoretic

LOC
Awake
Alert
Oriented X
Confused
Lethargic
Comatose

Swelling
Extremities
Generalized
Pitting

Appearance
No distress
Mild distress
Moderate distress
Severe distress

CONTACT HEALTH CARE PROVIDER IMMEDIATELY IF: Health care provider must be called if not on site or if after clinic hours.
- If diastolic blood pressure is > 120 mm Hg, or systolic blood pressure > 200 mm Hg
- Cardiac symptomology □ Unresponsive to treatment □ Call 911 if altered mental status change
- Emergency department notification time: ___________________________ Transport time: ______________________

Health Care Provider: ___________________________ Time Notified: _______ Orders Received for Treatment: □ Yes □ No
If physical exam is negative for any of the above s/s and/or there is no need for additional medication/treatment, proceed with nursing interventions.

Plan: Interventions: Hypertensive (check all that apply)
- Check in assessment only for health care providers visit.
- Chief complaint resolved prior to appointment. Instructed inmate to follow-up sick call for signs/symptoms warranting further evaluation. Assessment completed.

If diastolic blood pressure is > 120 mm Hg, or systolic blood pressure > 200 mm Hg
- Reassure inmate, provide calm, quiet environment
- Place inmate in semi-Fowler position or reclining position
- Place pulse oximeter and administer Oxygen at 2L minute via nasal cannula to maintain oxygen saturation above 90% (requires provider order)
- Monitor blood pressure, cardiac rate and rhythm
- Monitor breath sounds, heart tones and peripheral pulses
- Monitor skin color, moisture, temperature and capillary refill time
- Monitor and record vital signs and neurologic status every 15 minutes until the diastolic blood pressure is reduced to 100 mm Hg or provider has evaluated the inmate.
- Administer medications as prescribed (requires provider order)
- Insert intravenous saline lock (requires provider order)
- Hypertension Stage I – [Systolic 140-159; Diastolic 90-99]. Perform B/P checks 2 – 3 times a week times 2 weeks. Schedule chart review with provider to review results.
- Hypertension Stage II – [Systolic > 160 Diastolic > 100]. Perform B/P checks 3 times a week for 1 week and then schedule an appointment with provider to review results.
- Education/intervention: Instructed to avoid salt rich foods, factors that trigger increase B/P, medications, treatments, follow-up sick call if no improvement. Inmate verbalizes understanding of instructions.

Progress Note: ________________________________

Health Care Provider Signature/Credentials: ________________________________ Date: _____ Time: _____
RN/LPN Signature/credentials: ________________________________ Date: _____ Time: _____

Inmate Name ________________________________ DOC #