



[Return to RN process for Hypertension](#)

Assessment and treatment for inpatients, ≥ 1 year of age, with previously undetected hypertension

Is four extremity blood pressure indicative of coarctation?

Consult Cardiology  
Consider ECHO

- Hypertensive crisis symptoms and/or test findings:
- Encephalopathy
  - Seizures
  - Facial palsy
  - Retinopathy
  - Intracerebral hemorrhage
  - Acute kidney injury
  - Heart Failure
  - Cardiac arrhythmias
  - Cushing's Triad

Is blood pressure greater than 95th percentile + 30 mm Hg specific to age and gender?

Does pt have any hypertensive crisis symptoms and/or test findings?

Pt experiencing **hypertension emergency**:  
Transfer to PICU for in-depth evaluation and BP control using continuous infusion of short-acting antihypertensive medication

Patient experiencing **hypertension urgency**:  
Consult Renal Service

- Evaluate:**
- Review [medication list](#) for HTN associated drug
  - Assess plotted BMI
  - Assess for Obstructive Sleep Apnea
  - Assess for renal/abdominal bruits
  - Assess for femoral pulses
- Obtain labs:**
- Electrolytes, creatinine, serum calcium
  - Plasma Renin Activity
  - Urinalysis
  - Free T4
- Radiology:**
- Doppler Renal Ultrasound

Are labs or radiology indicative of renal abnormalities?

Consult: Renal Service

If patient is continuing to receive antihypertensive(s) at discharge; patient to f/u in renal clinic within a month

Prescribe antihypertensive(s) and/or lifestyle modifications

Does the blood pressure remain elevated?

Continue pt's care