Part II Diseases Cardiovascular Diseases

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Hypertension

Patient name:					Admission:	
NRS DATE INITIAL			NRS DATE INITIAL			
	I.	The client/caregiver can define hypertension.		IV.	The client/caregiver can list factors that	
	II.	 A. It is the occasional or continued elevation of diastolic or systolic pressure. B. The systolic reading (the top number) represents the pressure exerted on the blood vessel wall when the heart is contracting. C. The diastolic reading (the bottom number) represents the pressure on the blood vessel while the heart is at rest. The client/caregiver can state normal blood 			increase risk. A. Age (persons older than 35 years) B. Black C. Close blood relative with hypertension D. Overweight E. Stress F. High sodium intake G. High cholesterol intake H. Oral contraceptives I. Cigarette smoking J. Excessive alcohol use	
	11.	pressure values. (No absolute dividing line exists between normal and high blood pressure, but the American Heart Association and National Heart, Lung, and Blood Institute gives the following		V.	J. Excessive alcohol useK. History of diabetes, gout, or kidney diseaseL. Sedentary lifestyleThe client/caregiver can list measures to control hypertension.	
		guidelines.) A. Normal blood pressure readings should be 120/80 or below. B. If your systolic reading is 120 to 139 or diastolic is 80 to 89 (or both), then this is considered "prehypertension." C. High blood pressure is a pressure of 140 systolic or higher and/or 90 diastolic or higher that stays elevated over time.			 A. Monitor blood pressure at home, and know what it should be. B. Take medication exactly as prescribed. C. Lifestyle changes to reduce stress. D. Eat balanced meals low in saturated fat, cholesterol, and sodium. E. Stop smoking (use tobacco-cessation teaching guide). F. Lose weight if overweight (use weight-reduction teaching guide). 	
	III.	The client/caregiver can recognize signs and symptoms of high blood pressure, although it is frequently asymptomatic and is considered the "silent killer." A. Dizziness B. Headaches, often described as throbbing or pounding C. Palpitations D. Blurring of vision		VI.	 G. Avoid oral contraceptives. H. Avoid alcohol. I. Have regular medical checkups. J. Avoid over-the-counter medications unless recommended by physician. K. Exercise regularly. L. Use Medic Alert cards/bracelet. The client/caregiver is aware of possible complications. 	
		E. FatigueF. NosebleedsG. InsomniaH. Nervousness			A. Myocardial infarction B. Heart failure C. Stroke	

(Continued)

J. Shortness of breath (dyspnea)

I. Chest pain (angina)

E. Malignant hypertension

D. Kidney failure

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RESOURCES

American Heart Association www.americanheart.org

National Institutes of Health www.nih.gov

American Dietetic Association www.eatright.org

Cardiac Rehab Programs offered at many hospital centers

Support groups for weight control and smoking cessation

REFERENCES

Ackley, B. J., & Ladwig, G. B. (2006). *Nursing diagnosis handbook: A guide to planning care*. Philadelphia: Mosby Inc. Cohen, B. J., & Wood, D. L. (2000). *Memmler's the human body in health and disease* (9th ed.). Philadelphia: Lippincott Williams & Wilkins.

Nutrition made incredibly easy. (2003). Springhouse: Lippincott, Williams & Wilkins.

Portable RN: The all-in-one nursing reference. (2002). Springhouse: Lippincott, Williams & Wilkins.

Taylor, C., Lillis, D., & LeMone, P. (2005). Fundamentals of nursing. Philadelphia: Lippincott Williams & Wilkins.

Timby, B. K., & Smith, N. C. (2003). *Introductory medical-surgical nursing* (8th ed.). Philadelphia: J. B. Lippincott Williams & Wilkins.