Nursing Care Plan for Hypertension

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Introduction
Providers routinely document what the next steps in treatment will be for patients who have elevated blood pressure during their office visit. In order for the plan to be implemented, the patient must return to see the provider again and often wait up to 6 months before they return. This results in potentially sustained uncontrolled blood pressure.

Why does it matter?
When left untreated, the damage that high blood pressure does to your circulatory system is a significant contributing factor to heart attack, stroke and other health threats (American Heart Association, 2017). Quantitatively, hypertension is the most important modifiable risk factor for premature cardiovascular disease, being more common than cigarette smoking, dyslipidemia, or diabetes, which are the other major risk factors (Basile & Bloch, 2019).

References:

Method
Implementing a Plan of Care for Hypertension

Implementing a Plan of Care

AIM STATEMENT
RN put a patient’s (hypertension) plan of care in action without delay

PRIMARY DRIVERS
Plan of Care
Follow-up RN visit scheduled
RN has acceptance from providers to act
Share benefits and challenges of RN participation
Adopt RN plan of care into clinic culture
Communicate with care team

SECONDARY DRIVERS
Develop dot phrase with specifics
Follow-up instructions in After Visit Summary
Pilot with one provider
Share idea at provider meeting
Identify appropriate patient population
Huddles

Change Ideas

Conclusions
By having patients return sooner for RN visit to implement plan of care, patients achieve improved blood pressure control in a shorter amount of time. Secondary benefits include lower cost of care, improved access for providers, and patient engagement.

Benefits

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