The University of Michigan
Evaluation and Treatment of In-Patient Blood Pressure

Training level: __________ PGY  __________ Staff (# years)

Specialty:  
- Family Medicine  _____
- Internal Medicine  _____
- Surgery  ______

1. Controlling blood pressure in the hospital is:
   (Very important)  (Not important at all)
   ______□ 1 □______ 2 □______ 3 □______ 4 □______ 5

2. I use charted or Carelink blood pressures to adjust blood pressure medications in my hospitalized patients.
   (Strongly agree)  (Strongly disagree)
   ______□ 1 □______ 2 □______ 3 □______ 4 □______ 5

3. I routinely retake the blood pressures myself in my hospitalized patients.
   (All patients)  (Never)
   ______□ 1 □______ 2 □______ 3 □______ 4 □______ 5

4. I routinely evaluate the timing of BP measurements to the time medications are given to the patients.
   (All patients)  (Never)
   ______□ 1 □______ 2 □______ 3 □______ 4 □______ 5

5. In what percentage of patients on your service do you think that you adjust medications to reduce their blood pressure while the patient is in the hospital?
   □______ < 20%  □______ 20-50%  □______ 50-80%  □______ >80%
6. If you have a level of **systolic** blood pressure at which you initiate medication changes while the patient is in the hospital, what is it?

\[ \text{mmHg} \]

- □ 140-
- □ 151-
- □ 161-
- □ 171-
- □ >180

7. If you have a level of **diastolic** blood pressure at which you initiate medication changes while the patient is in the hospital, what is it?

\[ \text{mmHg} \]

- □ 90-
- □ 101-
- □ 106-
- □ 111-
- □ >115

8. I base my decisions regarding medications to reduce blood pressure on JNC-7 guideline recommendations (Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure).

- _______ Yes
- _______ No
- _______ I use other guidelines:

  (specify) _____________________________

9. Does the presence of co-morbidities in a patient influence your decision to modify medications to reduce blood pressure?

- _______ Yes
- _______ No

10. Would you consider transferring an asymptomatic patient to an ICU because of high BP?

- _______ Yes
- _______ No

11. If you answered “yes” to #10, what is the blood pressure?
12. I would consult a hypertension specialist if

- A patient’s blood pressure was at the level of questions #6 & #7 if inadequate response
- After adjusting the dose of 1 current medication if inadequate response
- After adjusting the doses of 2 current medications if inadequate response
- After adding on one additional anti-hypertensive medication
- I would not call a hypertension specialist

13. What type of oral medication do you most prefer to use to reduce blood pressure in a hospitalized patient? (check all that apply)

- Alpha-beta blockers
- Alpha-blockers
- ACE-inhibitors or angiotensin receptor blockers
- Beta-blockers
- Calcium channel blockers
- Clonidine
- Diuretics
- Hydralazine
- Other (please specify)

14. If you need to use a parenteral medication to treat hypertension in a non-ICU setting, which agent(s) would you use? (check all that apply)

- Alpha-beta blockers
- ACE-inhibitors or angiotensin receptor blockers
- Beta-blockers
15. Do you have a level of blood pressure for which you would delay or cancel discharging a patient?

________ Yes
________ No

16. If you answered “yes” to #15, what is the blood pressure?

________ SBP (mmHg)
________ DBP (mmHg)

17. For patients treated for hypertension prior to hospitalization, should they be discharged on:

__________ the drug regimen on which they were admitted
__________ the final drug regimen established during the hospitalization

18. How soon after discharge should patients in whom blood pressure has required initiation or adjustment of drugs while in hospital be seen?

__________ less than 1 week
__________ 1-2 weeks
__________ 3-4 weeks
__________ more than 4 weeks