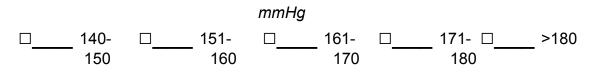
The University of Michigan Evaluation and Treatment of In-Patient Blood Pressure

| Training level: | | PGY | | | Staff (# years) | | | | |
|-----------------|--|--|-------------|-----------|-----------------|----------|-----------------|--------|--|
| Sp | ecialty: | Family Med Internal Me Surgery | | | | | | | |
| 1. | Controlling blood | controlling blood pressure in the hospital is: | | | | | | | |
| | (Very important) □ 1 □ | | □ | _ 3 | | • | oortant at □ | | |
| 2. | I use charted or my hospitalized | | od pressure | es to adj | ust blood p | oressure | e medicati | ons in | |
| | (Strongly agree) □ 1 □ | | □ | _ 3 | | • • | y disagree □ | | |
| 3. | I routinely retake the blood pressures myself in my hospitalized patients. | | | | | | | | |
| | (All patients) □ 1 □ | 2 | □ | _ 3 | □ | 4 | (Never) □ | 5 | |
| 4. | I routinely evaluation of the patient of the patien | | of BP mea | asuremo | ents to the | time me | edications | are | |
| | (All patients) | | | | | | (Neve | r) | |
| | □ 1 □ | 2 | | _ 3 | | 4 | | 5 | |
| 5. | In what percenta medications to re | | | | | | | al? | |
| | □ < 20% | Б П | 20-50% | | 50-8 | 0% | | >80% | |

6. If you have a level of <u>systolic</u> blood pressure at which you initiate medication changes while the patient is in the hospital, what is it?



7. 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?

mmHg <u>90-</u>____101- <u>106-</u>____111- <u>>115</u> <u>100</u> 105 110 115

- 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 assymptomatic patient to an ICU because of high BP?
 - _____ Yes _____ No
- 11. If you answered "yes" to #10, what is the blood pressure?

_____ SBP (mmHg)

_____ DBP (mmHg)

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 mediations 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 <u>non-ICU</u> setting, which agent(s) would you use? (check all that apply)

_____ Alpha-beta blockers

_____ ACE-inhibitors or angiotensin receptor blockers

_____ Beta-blockers

Calcium channel blockers
Diuretics
Hydralazine
Other (please specify)

15. Do you have a level of blood pressure for which you would delay or cancel discharginbg 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