

## 1. About you

### Training Program?

- Internal Medicine
- Family Medicine
- General Surgery
- Orthopedic Surgery

### Training Level?

- PGY 1
- PGY 2
- PGY 3
- PGY 4
- PGY 5
- PGY 6
- PGY 7

Other (please specify)

### Gender?

- Female
- Male

### How many months of "Inpatient" rotations have you had in the past 12 months?

- 1-2
- 3-4
- 5-6
- 7-8
- 9-10
- 11-12

## 2. Blood pressure control

1. Controlling blood pressure in the hospital is:

1 (Not important)

2

3

4

5 (Very important)

2. I routinely retake the blood pressures myself in my hospitalized patients.

1 (Never)

2

3

4

5 (All patients)

3. In evaluating BP, I routinely relate the timing of BP measurements to the time medications are given to my patients.

1 (Never)

2

3

4

5 (All patients)

4. In what percentage of patients on your service do you adjust medications to reduce their blood pressure while the patient is in the hospital?

< 20%

20-50%

50-80%

> 80%

5. At what level of blood pressure do you initiate medication changes while the patient is in the hospital?

mmHg Systolic

mmHg Diastolic

or

I do not have a fixed number

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

Yes

No

7. At what level of blood pressure would you delay or cancel discharging a patient?

mmHg Systolic

mmHg Diastolic

or

I do not have a fixed number

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

9. What type of oral medication do you 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)

10. 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
- Calcium channel blockers
- Diuretics
- Hydralazine
- Other (please specify)

11. I would consult a hypertension specialist if:

- I would not call a hypertension specialist
- 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
- A patient's blood pressure was over \_\_\_/\_\_\_ (enter value below)

12. 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

13. In general, 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

### 3. Scenarios

1. You are called by a nurse at 10 pm in the evening with an elevated blood pressure of 182/100 in a 74 year old female patient with known hypertension on her home medications who is not in any pain and has no other symptoms other than the cough caused by her pneumonia. How would you respond?

- Give 20 mg IV labetalol and recheck BP in one hour
- Give 0.2 mg of oral Clonidine and recheck BP in one hour
- Do nothing acutely
- Give Codeine for her cough

2. Your 32 year old male patient who was involved in a motor vehicle collision is being discharged today. You notice that he has had persistently, but mildly elevated blood pressure measures (140-159/ 90-100) over the past 3 days prior to discharge that are not clearly related to pain or nausea. He has no primary care physician, and he takes no medications for HTN at home. His kidney function was normal on admission, but he does have trace proteinuria on urinalysis, EKG showed left ventricular hypertrophy,. What actions are you likely to take in response to his elevated BP?

- No response is necessary. We are not sure these elevated BP measures represent true hypertension.
- Tell the patient he has Stage I hypertension, and note this in his discharge summary.
- Tell the patient he has Stage I hypertension, note this in his discharge summary, and tell him to get primary care follow up.
- Tell the patient he has Stage I hypertension, note this in his discharge summary, arrange primary care follow up, and prescribe a medication for hypertension.

3. You have a 65 year old patient with known hypertension, hyperlipidemia, revascularized coronary artery disease, compensated ischemic cardiomyopathy with an ejection fraction of 30% who is seen after an elective procedure. During the 3 days of hospitalization, systolic BP has ranged from 150-170 mmHg based on nurses' oscillometric BP measures. Current hypertension medications include metoprolol tartrate (Lopressor) 25 mg bid, lisinopril 40 mg per day, and furosemide 40 mg daily. She is followed for primary care by a Family Medicine physician in a neighboring town. Which of the following describes what you are most likely to have done if faced with a similar patient in the past year.

- Continue home medications as the patient is compensated and has good follow up care.
- Switch to metoprolol succinate (Toprol XL) at a titrated dose since that has better "data" for use in patients with heart failure.
- Add spironolactone 25 mg daily to the patient's regimen
- Call the primary care physician and ask what they would suggest doing.

Thank you for participating in this survey.