

Decrease IV Antihypertensive use for asymptomatic incidental Hypertension Urgency in Hospitalized Patients

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CARE SETTING

Asymptomatic severe hypertension is a highly prevalent problem (up to 70%) in inpatient setting and these readings might not be a true reflection of ambulatory blood Generally, pressures. no indication for immediate intervention with IV antihypertensives (IV labetalol, IV hydrazine, enalapril) bring down BP rapidly and this practice could cause harm however it is not uncommon to see IV antihypertensives ordered without indication indication.

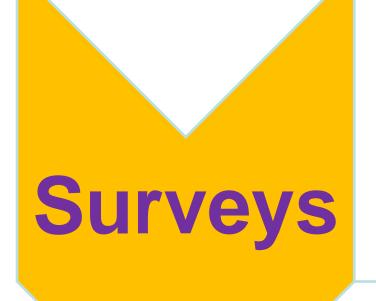
Sequential Interventions are being proposed with an aim to understand why providers do this and to educate regarding appropriate providers inappropriate use of IV antihypertensives. interventions Current planned for patients treated on 2 south internal medicine department in Vidant Medical Center.

PROJECT AIM

Reduce inappropriate IV antihypertensive use

30% reduction in 3 months in 2 south internal medicine patients

DETAILS & INTERVENTIONS



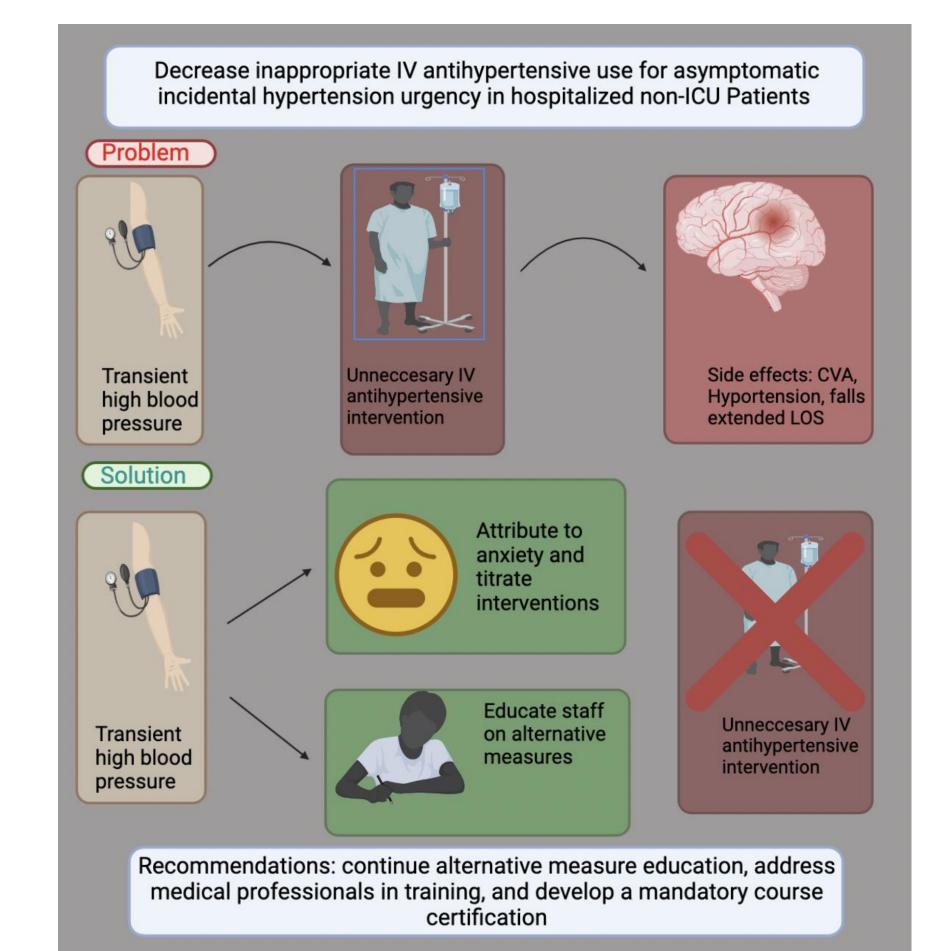
- Surveys were conducted amongst residents
- Collected data on the reasonings for ordering behaviour

ectures

 A series of lectures on assessment and management of HTN urgency are being conducted over two consecutive years



- Posters guiding appropriate management were placed in rounding areas.
- The next step is to educate nursing staff through various posters



A graphical abstract describing the project

Figure 1. Management of inpatient hypertension itient assessed to have elevated blood patient symptomatic (e.g., chest pai Manage as possible spnea, altered mental status) or is hypertensive emergency. e evidence of end-organ damage^e Are there other contributing factors Address these factors before adding or titrating current e.g., pain, anxiety, agitation, volume status, new contributing medication antihypertensive medications. Consider restarting home Are any home antihypertensive medications if not medications being held? contraindicated. epeat blood pressure in 15 minute Usually no immediate to confirm. Is the repeat <180 systolic and <120 diastolic? Severe asymptomatic hypertension (HTN urgency) Usually no immediate treatment indicated. If elevation is persistent, first consider early dosing or titration of current oral therapy or adding long-acting oral therapy per JNC 8 guidelines. If patient is deemed high risk and urgent treatment is desired, consider administering short-acting oral therapy: - captopril 6.25-12.5 mg (if not contraindicated) - carvedilol 6.25-12.5 mg - clonidine 0.1-0.2 mg furosemide 40 mg (if volume overload and not contraindicated)

STRENGTHS

Avoids unnecessary interventions

 Inappropriate IV hypertensive use is not only dangerous but expensive

Educates Staff

 Created a preventive measure plan and provides a safe environments for staff to consult amongst each other

OPPORTUNITIES

Decreased spending

- Decrease the overall hospital bill for the patient
- Increases time that staff can spend appropriately for patient treatment

Better **Patient** care

- Can focus on the acute causes of hypertension
- Mental health interventions

Fewer liabilities

 CVA, Hypotension, falls, increased Length of Stay

RECOMMENDATIONS

Continue **Preventative** Measures

- Need continuous reinforcement of the preventative measures
- Allows for sustainability

Address medical students in training

- Allows for easier transition
- Trainees can easily apply the measures

Develop a mandatory course

- Certification of staff
- Mandates that the preventative measures are understood

An example of lessons on alternative treatment measures given during education to the residents.