

**Hypertension Risk Plan**

**Participant’s Name:**

**Date plan begins:**

**Date Plan expires:**

**Dates of Revisions:**

**Written by:**

**Risk:**       is at risk of experiencing hypertension, stroke, heart attack, and other health issues.

**Desired Outcome:**       will eat a healthy diet, exercise regularly, and take medications as prescribed**.**  Staff will respond as trained if symptoms of hypertension are exhibited.

**Why at risk/History:**

**Hypertension** is another name for high blood pressure. Blood pressure is the force exerted by the blood against the walls of the blood vessels. Uncontrolled high blood pressure can result in many other physical problems including heart attack, stroke, aneurysm, heart failure, kidney problems or vision problems. However, high blood pressure is easily detected and can be treated with a combination of diet, exercise and medication.

**Angina** is chest pain or discomfort caused when the heart muscle doesn't get enough oxygen-rich blood but it is not a disease. It may feel like pressure or squeezing in the chest. The discomfort also can occur in the shoulders, arms, neck, jaw, or back. It may even feel like indigestion.

A **stroke** occurs when a blood vessel that carries oxygen and nutrients to the brain is either blocked by a clot or bursts (or ruptures).

A **heart attack** occurs when an artery supplying the heart with blood and oxygen becomes blocked.

**Supports and interventions:**

*
*
*
* Staff will assist      , as needed, to take medications as prescribed.
* Staff will encourage      , as needed, to regularly exercise.
* Staff will encourage      , as needed, to eat a healthy, low sodium, low fat diet and avoid prepackaged and processed foods, choose low sodium or unsalted options, and replace salt with other spices or use a salt free seasoning blend when cooking.
* **If symptoms of hypertension are exhibited:**
	+ Staff will encourage       to sit in a quiet place and take slow deep breaths. Staff may demonstrate model-breathing pace.
	+ Blood pressure and pulse should be taken. A reading of 150/100 or greater is considered high but not life-threatening. **CALL 911 if blood pressure is** **(either number) or higher.**
* If symptoms of a stroke are exhibited, quickly do **“FAST”** test:
	+ **Face-**Ask the person to smile. Does one side of the face droop?
	+ **Arms-**Ask the person to raise both arms. Does one arm drift downward? Or is one arm unable to rise up?
	+ **Speech-**Ask the person to repeat a simple phrase. Is his or her speech slurred or strange?
	+ **Time-If you observe any of these signs, call 911 immediately.**
* **Call 911 if symptoms of a heart attack or stroke are exhibited.**

**Monitor:**

**Symptoms of Hypertension**

* Nausea
* Vomiting
* Dizziness
* Blurred or double vision
* Nosebleeds
* Heart palpitations
* Breathlessness.

**Symptoms of Severe Hypertension**

* Severe headache
* Fatigue or confusion
* Vision problems
* Chest pain
* Difficulty breathing
* Irregular heartbeat
* Blood in the urine
* Pounding in the chest, neck, or ears

**Symptoms of a Stroke**

* Numbness or weakness in the face, arm, or leg, especially on one side
* Confusion or trouble understanding other people
* Difficulty speaking
* Trouble seeing with one or both eyes

**Symptoms of a Heart Attack**

* Chest pain or discomfort
* Upper body discomfort
* Pain that radiates down the left arm
* Shortness of breath
* A cold sweat
* Tiredness
* Nausea
* Light-headedness or dizziness

**Notify:**

* **CALL 911 if blood pressure is** **(either number) or higher, exhibiting symptoms of severe hypertension, stroke or heart attack, emergency intervention was necessary, such as, back blows, abdominal thrusts, CPR, etc., exhibiting multiple or severe symptoms, if more than first aid is needed for injuries, if they hit their head, any type of reaction that interferes with the ability to breathe or swallow, rapidly worsening symptoms, or loss of consciousness.**
* Notify Program Manager, Health and Safety Tech and/or Nurse of any symptoms of hypertension, stroke, heart attack, change of condition, or concerns.
* Program Manager will notify family, guardian, other Program Managers, and/or Providers of any symptoms of hypertension, stroke, heart attack, change of condition, or concerns.
* Staff will document on incident report by end of shift.

**If 911 is called:**

* Remain with       until EMTs arrive. If emergency intervention was necessary, continue as trained until relieved by EMTs.
* Ensure that emergency personnel are aware of all medical conditions, allergies, and medications.
* Follow       to the hospital and remain with participant until relieved by staff or family.
* Complete an incident report by end of shift and BDDS report within 24 hours.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Provider** |  | **Risk Plan** |  |  | **Date Effective** |
| **Paladin** | **Hypertension** |  |
| **Print Name** | **Signature** | **Company/Title** | **Date** |
|  |  | **Paladin/Program Manager** |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |