# Hypertension Content/Concept Map

## I. Content

<table>
<thead>
<tr>
<th>Anatomy/Physiology:</th>
<th>Hypertension</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacology:</td>
<td><strong>Home Meds:</strong> None</td>
</tr>
</tbody>
</table>
|                     | **Medical Management:**  
|                     | - Labetolol (Trandate) 10-20 mg IV push every 15"  
|                     | - Hydrocodone 5 mg/acetaminophen 325 mg (Norco) 1-2 tabs every 4 hours prn–HA  
|                     | - Hydrochlorothiazide (HCTZ) 25mg po daily  
|                     | - Lisinopril (Zestril) 10 mg po daily  
|                     | - Simvastatin (Zocor) 20 mg po daily |
| Diagnostic/Labs:    | Basic metabolic panel (BMP)  
|                     | Complete cell count (CBC)  
|                     | BNP (B-natriuretic Peptide)  
|                     | Lipid profile  
|                     | Hemoglobin A1c  
|                     | Urine analysis (UA)  
|                     | 12 lead EKG: normal sinus rhythm  
|                     | Chest x-ray  
|                     | Heart echocardiogram in the morning |
| Priority Lab Emphasis: (Lab Planning) | BNP (B-natriuretic Peptide): 758 |
| Dosage Calculation: | Labetolol (Trandate) 20 mg IV push–5 mg/mL vial |
| Nursing Priorities: | Lower BP safely and steadily…assess response to pharmacologic regimen |
| Medical Management Priorities: | Lower BP safely and steadily |
| Patient Education & Discharge Planning: |  
|                     | - **Avoid tobacco**  
|                     | - **Restrict sodium...<2.4 gm daily-most Americans 15 gms salt...Low fat diet as well**  
|                     | - **Likely will have diabetic teaching for type II as well**  
|                     | - **Increase physical activity: 30 minutes 4-5x/week** |

## II. Concepts (in order of emphasis)

1. Perfusion  
2. Glucose Regulation  
3. Pain  
4. Clinical Judgment  
5. Patient Education  
6. Communication  
7. Collaboration
III. NCLEX Client Need Categories

I. Safe and Effective Care Environment
   a. 20%—Management of Care
      i. Providing and directing nursing care that enhances the care delivery setting to protect clients, family/significant others, and healthcare personnel
         1. Establish priorities
         2. Collaboration w/treatment team
         3. Advocacy

II. Health Promotion & Maintenance:
   i. 9%—The nurse provides and directs nursing care of the client and family/significant others that incorporates knowledge of expected growth and development principles, prevention and/or early detection of health problems, and strategies to achieve optimal health.
      1. Disease prevention
      2. Physical assessment
      3. Client education

III. Physiologic Integrity
   a. 15%—Pharmacological & Parenteral Therapies:
      i. Providing care related to the administration of medications and parenteral therapies
         1. Expected actions, adverse/side effects
         2. Medication administration
         3. IV therapies
         4. Dosage calculation

   b. 12%—Reduction of Risk Potential:
      i. Reducing the likelihood that clients will develop complications or health problems related to existing conditions, treatments or procedures
         1. Changes in VS
         2. Diagnostic tests
         3. Lab values
         4. System specific assessments
         5. Potential for alterations in body systems

   c. 13%—Physiological Adaptation:
      i. Managing and providing care for clients with acute, chronic, or life threatening health conditions.
         1. Pathophysiology
         2. F&E imbalances
         3. Medical emergencies
IV. QSEN Skills
   I. Patient-centered Care
      a. Implementation of care plan and evaluation of care
      b. Provide patient-centered care with sensitivity and respect for the diversity of human experience
      c. Assess presence and extent of pain and suffering. Assess levels of physical and emotional comfort
      d. Elicit expectations of patient & family for relief of pain, discomfort, or suffering
      e. Initiate effective treatments to relieve pain and suffering in light of patient values, preferences and expressed needs

   II. Evidence-based Practice
      a. Base individualized care plan on patient values, clinical expertise and evidence

   III. Teamwork and Collaboration
      a. Follow communication practices that minimize risks associated with handoffs among providers and across transitions in care (SBAR). Assert own position/perspective in discussions about patient care