inhealth | Blood Pressure Escalation Protocol

ESC-HTN-01

inHealth health coaches are NBC-HWC board certified. Coaches do not diagnose, interpret diagnostic results, or adjust medications. This tool guides recognition, response, and escalation only. **When in doubt, escalate.**

BEFORE YOU CALL 911

1. Confirm the participant's current physical address and a callback number. Do not assume the address on file is where they are right now.
2. You are calling from a different location than the participant, so your 911 call may route to your own local dispatch. State this immediately: give the participant's city, state, and full address, and ask to be transferred to that jurisdiction's emergency dispatch. Stay on both calls if you can.
3. Stay on the line with the participant until EMS arrives or another responsible adult takes over.
4. Do not advise a participant with emergency symptoms to drive themselves.

MEASUREMENT STANDARD

Complete before categorizing or escalating any reading.

- 5 minutes seated rest, back supported, feet flat on floor, legs uncrossed
- No caffeine, exercise, or tobacco within 30 minutes
- Device validated (validatebp.org)
- Arm supported at heart level
- Bladder emptied
- Correct cuff size, on a bare arm
- Take 2 readings 1 minute apart and average them

Categorize using an average of at least 2 readings on at least 2 occasions. A single elevated reading is not a diagnosis.

TIER 1 · IMMEDIATE · CALL 911 · HYPERTENSIVE EMERGENCY

Systolic 180 or higher, or diastolic 120 or higher, **WITH** any of: chest pain, shortness of breath, one-sided weakness or numbness, facial droop, slurred speech, sudden vision loss, sudden severe headache, confusion, seizure.
Also Tier 1 at any reading: participant is unresponsive.

Actions:
1. **Call 911 now.**
2. Stay on the line.
3. Notify referring provider within 1 hour.
4. Complete Crisis Management Referral/Incident Form same day.

TIER 2 · URGENT · HYPERTENSIVE URGENCY

Systolic 180 or higher, or diastolic 120 or higher, confirmed on repeat after 5 minutes rest, **WITHOUT** the symptoms above.

Actions:
1. Have the participant contact their provider today.
2. If after hours, direct to the provider's after-hours line or urgent care.
3. Coach notifies referring provider within 1 hour.
4. Recheck with the participant before the session ends.

TIER 3 · SAME DAY · STAGE 2 HYPERTENSION

140 to 179 systolic, or 90 to 119 diastolic, sustained across readings.

Actions: coaching conversation, document, notify referring provider same business day.

TIER 4 · ROUTINE · STAGE 1 HYPERTENSION

130 to 139 systolic, or 80 to 89 diastolic, sustained across readings.

Actions: lifestyle coaching, document in routine note. **This is not an escalation.** Stage 1 is the most common finding in the panel and treating it as urgent erodes the value of the tool.

LOW BLOOD PRESSURE · RUNS THE OPPOSITE DIRECTION

Systolic below 90, or diastolic below 60, **OR** any symptomatic drop: lightheadedness on standing, near-fainting, fainting, blurred vision, unusual fatigue.
This matters most in participants on antihypertensives who are losing weight. Significant weight loss can make a previously correct dose too strong.

Actions:
1. If the participant fainted and was injured, or is not recovering, **call 911**.
2. Otherwise, same-day provider contact and flag for medication review.
3. Fall precautions: rise slowly, sit on the edge of the bed before standing.
4. Notify referring provider same business day.

MONITOR AND REPORT, NOT EMERGENCY: isolated nosebleed, mild headache, flushing. Document and include in the routine note. These are not indicators of hypertensive emergency on their own.

AFTER HOURS: Use the after-hours or nurse line on the participant's referral. If there is none, or no one answers, direct to urgent care, or to the emergency department for Tier 1 and Tier 2 findings. "Call the provider office" is not a valid instruction at 7pm on a Friday.

IF THE PARTICIPANT DECLINES ESCALATION

Document all four: the recommendation you made, the participant's response in their own words, the risks you explained, and the alternative you offered. Notify the referring provider regardless of refusal. A refusal does not close the incident.

CLOSING THE LOOP

Follow-up contact within 24 hours to confirm the participant reached care. Record the outcome in the SOAP note. An escalation is not complete until the outcome is documented.

TIER 1 IMMEDIATE
Call 911 now, before any other step

TIER 2 URGENT
Provider contact within 1 hour

TIER 3 SAME DAY
Provider notified same business day

TIER 4 ROUTINE
Documented in routine note within 24 hours