

OKLAHOMA DEPARTMENT OF CORRECTIONS
NURSING PRACTICE PROTOCOLS
**Decreased Cardiac Output
(Hypertension Emergency)**

MSRM 140117.01.58
(D-5/14)

Subjective Data:

Chief complaint: _____ **Allergies:** _____

Onset: _____ New Onset Chronic Recurrence Severity of attack: Scale: (1-10) _____

Risk Factors:

- | | | | | | |
|---|--|--|--|---------------------------------|---------------------------------------|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Cardiovascular Disease | <input type="checkbox"/> Stroke | <input type="checkbox"/> Renal Disease | <input type="checkbox"/> Smoker | <input type="checkbox"/> Caffeine Use |
| <input type="checkbox"/> Illicit Drug Use | <input type="checkbox"/> Excessive Licorice Intake | <input type="checkbox"/> Excessive Sodium Intake | <input type="checkbox"/> Previous Treatment for Hypertension | | |

Associated symptoms:

- | | | | | | |
|------------------------------------|--|-----------------------------------|--|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Epistaxis | <input type="checkbox"/> Muscle cramps | <input type="checkbox"/> Headache | <input type="checkbox"/> Visual Disturbances | <input type="checkbox"/> Weakness | <input type="checkbox"/> Sweating |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Palpitations | <input type="checkbox"/> Tinnitus | <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Edema | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Nausea | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Polyuria | | | |

Current Medications:

_____, _____, _____

Objective Data: (clinically indicated VS)
BP (sitting) _____ (lying) _____ (standing) _____ Pulse _____ Resp. _____ Temp. _____ Wt. _____ O₂ sats. _____

Respiration	Lung Sounds	Skin	LOC	Swelling	Appearance
<input type="checkbox"/> Even	<input type="checkbox"/> Clear	<input type="checkbox"/> Warm	<input type="checkbox"/> Awake	<input type="checkbox"/> Extremities	<input type="checkbox"/> No distress
<input type="checkbox"/> Uneven	<input type="checkbox"/> Rhonchi	<input type="checkbox"/> Pink	<input type="checkbox"/> Alert	<input type="checkbox"/> Generalized	<input type="checkbox"/> Mild distress
<input type="checkbox"/> Labored	<input type="checkbox"/> Wheezes	<input type="checkbox"/> Cool	<input type="checkbox"/> Oriented X_____	<input type="checkbox"/> Pitting	<input type="checkbox"/> Moderate distress
<input type="checkbox"/> Unlabored	<input type="checkbox"/> Diminished	<input type="checkbox"/> Pale	<input type="checkbox"/> Confused		<input type="checkbox"/> Severe distress
<input type="checkbox"/> Shallow	<input type="checkbox"/> Rales	<input type="checkbox"/> Cyanotic	<input type="checkbox"/> Lethargic		
<input type="checkbox"/> Deep	<input type="checkbox"/> Crackles	<input type="checkbox"/> Mottled	<input type="checkbox"/> Comatose		
<input type="checkbox"/> Use of accessory muscles		<input type="checkbox"/> Diaphoretic			

NOTIFY MEDICAL PROVIDER/RN IMMEDIATELY.

- If diastolic blood pressure is > 120 mm Hg, or systolic blood pressure > 200 mm Hg
- Cardiac symptomology Unresponsive to treatment Call 911 if altered mental status change
- Emergency department notification time: _____ Transport time: _____

Medical Provider/RN Notified: Date: _____ **Time:** _____ **Orders Received for Treatment:** Yes No

Assessment:

- Decreased cardiac output related to inadequate blood pumped to heart to meet metabolic demands of body

Plan:

Nursing Intervention Routine: Hypertensive Emergency

If diastolic blood pressure is > 120 mm Hg, or systolic blood pressure > 200 mm Hg

- Reassure offender, provide calm, quiet environment
- Place offender in semi-fowler position or reclining position
- Place pulse oximeter and administer Oxygen at 2L minute via nasal cannula to maintain oxygen saturation above 90% (requires provider order)
- Monitor blood pressure, cardiac rate and rhythm
- Monitor breath sounds, heart tones and peripheral pulses
- Monitor skin color, moisture, temperature and capillary refill time
- Monitor and record vital signs and neurologic status every 15 minutes until the diastolic blood pressure is reduced to 100 mm Hg or provider has evaluated the offender.
- Administer medications as prescribed (requires provider order)
- Insert intravenous saline lock (requires provider order)
- Hypertension Stage I – [Systolic 140-159; Diastolic 90-99]. Perform B/P checks 2 – 3 times a week times 2 weeks. Schedule chart review with provider to review results.
- Hypertension Stage II – [Systolic ≥ 160 Diastolic ≥ 100]. Perform B/P checks 3 times a week for 1 week and then schedule an appointment with provider to review results.

Progress Note: _____

Offender Education:

- Instructed to avoid salt rich foods, factors that trigger increase B/P, medications, treatments, follow-up sick call if no improvement. Offender verbalizes understanding of instructions.

LPN Signature/credentials: _____ **Date:** _____ **Time:** _____

RN/Provider Signature/credentials: _____ **Date:** _____ **Time:** _____

Offender Name
(Last, First)

DOC #
