



...Developing top-notch CNAs, one inservice at a time



A Disease Process Module for Nurse Aides:

# Understanding Hypertension



*Developing Top-Notch CNAs, One Inservice at a Time*



*A Disease Process Module:*

## **UNDERSTANDING HYPERTENSION**

We hope you enjoy this inservice, prepared by registered nurses especially for nursing assistants like you!

## **Instructions for the Learner**

***If you are studying the inservice on your own, please do the following:***

- Read through **all** the material. You may find it useful to have a highlighting marker nearby as you read. Highlight any information that is new to you or that you feel is especially important.
- If you have questions about anything you read, please ask \_\_\_\_\_.
- Take the quiz. Think about each statement and pick the best answer.
- Check with your supervisor for the right answers. You need **8 correct** to pass!
- Print your name, write in the date, and then sign your name.
- Keep the inservice information for yourself and turn in the quiz page to \_\_\_\_\_ no later than \_\_\_\_\_. Show your Inservice Club Membership Card to \_\_\_\_\_ so that it can be initialed.
- Email In the Know at [feedback@knowingmore.com](mailto:feedback@knowingmore.com) with your comments and/or suggestions for improving this inservice.

**After finishing this inservice, you will be able to:**

*Define hypertension.*



*Describe the difference between essential and secondary hypertension.*



*List three things, other than medication, that can lower blood pressure.*



*Discuss two special diets that may be prescribed for clients with hypertension.*



*Discuss the benefits of physical activity and relaxation in clients with hypertension.*

**THANK YOU!**



*Developing Top-Notch CNAs, One Inservice at a Time*

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*A Disease Process Module:*

## Understanding Hypertension

### THE SNEAKY, CREEPY KILLER!

There is a sneaky, creepy killer living with one out of every three Americans. It sneaks up, creeps in, and damages the body, slowly over time, so that the victim doesn't even know it's happening. This common killer takes *twice as many* lives in the United States as AIDS. Do you know the name of this sneaky, creepy killer? It's **high blood pressure**, also known as **hypertension**.

Hypertension is easy to detect. Doctors can easily prescribe medication to treat it, if needed. And, every American has heard how to prevent it with diet, exercise, and eliminating stress.

So, if it's so easy to prevent, detect and treat, why is hypertension claiming SO many American lives?

- First, early detection often fails because most Americans only go to the doctor when there is a problem. It's a challenge to find the time and money to go to the doctor, especially if they don't FEEL sick.

- Once hypertension is diagnosed, the doctor can prescribe medication. But, again, many people will not take medication unless they feel sick.
- And, without a good prescription benefit plan, medication can cost more than a single person might spend on food in a typical month.
- Finally, prevention includes eating a healthy diet, getting routine exercise, and controlling stress. How many people do you know who seems to be able to do all three of those things?

So, the sneaky, creepy killer known as hypertension continues to be the cause (or a contributing factor) in the death of more than 410,000 Americans each year. But, you can help!

Keep reading to learn how you, as a nursing assistant, are in a unique position to help your clients, your family, and yourself prevent, detect, and manage hypertension.

Maybe you will help save a life from the creepy, sneaky killer!

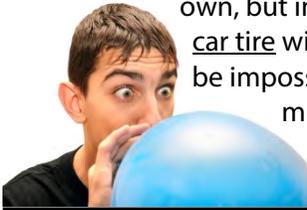


# WHAT IS HYPERTENSION?

- Hypertension or “HTN” for short is the name for blood pressure that stays high over a long period of time.
- Hypertension damages the blood vessels by causing them to stiffen, thicken, and sometimes become narrow.
- It takes more pressure to push blood through these damaged blood vessels—making the heart work harder and harder to pump blood throughout the body.

## THINK ABOUT IT LIKE THIS . . .

It's easy to blow up a thin rubber balloon on our own, but imagine trying to blow up a car tire without an air pump! It would be impossible. Why? Because it takes much more work to inflate the stiff, thick rubber of a tire.



## WHAT CAUSES HYPERTENSION?

There are two types of hypertension: *Secondary* Hypertension and *Essential* Hypertension.

**SECONDARY HYPERTENSION** has a direct (and usually treatable) cause.

- Only five out of 100 develop high blood pressure because of a *specific* health situation such as:
  - Being pregnant.
  - Taking birth control pills.
  - Having kidney disease or a problem with the glands near the kidneys.
- Usually, when the problem is fixed (or the baby is born), the high blood pressure goes away.

**ESSENTIAL HYPERTENSION** means there is *no clear reason* for the high blood pressure. However, there are some clues:

- Doctors know that certain risk factors make it more likely for people to develop essential hypertension.
- For most people, the high blood pressure that leads to essential hypertension is caused by a combination of things that might include:
  - Smoking.
  - Being overweight.
  - Drinking too much alcohol.
  - Being African American.
  - Eating foods that are high in fat and cholesterol.
  - Being a “couch potato.”
  - Getting older.
  - Being under too much stress.
  - Eating lots of salty foods.
  - Being a diabetic.
  - Having a family history of high blood pressure.
- Most people who have hypertension have *essential hypertension*.



# WHAT'S NEW?

Grab your favorite highlighter! As you read through this in-service, **highlight five things** you learn that you didn't know before. Share this new information with your supervisor and co-workers!



# WHAT IS BLOOD PRESSURE & WHEN IS IT HIGH?

As you know, the heart pumps blood through blood vessels into every part of the body. As the blood flows, it pushes against the walls of the blood vessels.

When you measure blood pressure, you are measuring how hard the blood is pressing against the walls of those blood vessels.

***The harder the blood presses, the higher the blood pressure will be.***

When you see a blood pressure (or BP) reading, it usually includes two numbers:

## 1. The Top Number

- The top number is called the systolic pressure. It measures blood pressure at its *highest* point. This is when the heart muscle contracts to squeeze out more blood.

## 2. The Bottom Number

- The bottom number is called the diastolic pressure. It measures blood pressure at its *lowest* point. This is when the heart relaxes between heartbeats.

**135** SYSTOLIC  
**85** DIASTOLIC

## DID YOU KNOW?

- The real name for the tool used to measure someone's blood pressure is a **SPHYGMOMANOMETER**.



- It's pronounced: sfig-mah-muh-nom-i-ter.
- No wonder most people just call it a blood pressure cuff!

## WHEN IS BLOOD PRESSURE CONSIDERED HIGH?

- Normal blood pressure rises and falls throughout the day. It can even change from minute to minute depending on a person's stress level and/or activity level.
- When blood pressure stays too high for too long, it is called hypertension.
- Remember: normal blood pressure is anything less than 120 over 80.
- High blood pressure in adults is recognized as 140 (or higher) over 90 (or higher).
- Doctors recognize blood pressure may go up just because a client is nervous about it being checked. So, a diagnosis of hypertension is never made on a single high reading.
- Doctors will usually measure blood pressure on two or three different visits in order to make a diagnosis of hypertension.
- Blood pressure that is above normal, but not quite "high" is called "high normal." A person with a blood pressure that stays in the high normal range may be diagnosed with pre-hypertension.
- A client with pre-hypertension is at high risk for developing hypertension and should maintain a healthy diet, exercise regularly, and continue to monitor blood pressure on a regular basis.

### AHA CLASSIFICATION OF BLOOD PRESSURE:

Blood Pressure	Normal	High Normal	HIGH
<b>Systolic</b>	120 or less	130—139	140 or Higher
<b>Diastolic</b>	80 or less	85—89	90 or Higher

# THE “SILENT KILLER”

Hypertension is called the “Silent Killer” because there are usually no early symptoms!

Most people can walk around with hypertension for twenty years or more without feeling bad! Unless they get their blood pressure checked, they won’t know they have hypertension.

Unfortunately, living with high blood pressure for years does a lot of damage to the body.

Some people do develop symptoms after they’ve had high blood pressure for many years. Their symptoms are actually clues that their heart and blood vessels have been damaged. They include:

- Headaches (*often severe*)
- Heart palpitations
- Dizziness
- Nose bleeds
- Shortness of breath
- Chest pain
- Fatigue



## CONNECT THE DOTS—APPLY WHAT YOU KNOW

Since you are the one taking your clients’ blood pressures every day, you probably have a pretty good feel for their normal ranges.

*For example: you may know Mr. Jones’ BP usually runs around 138/86. After reading this inservice, you know that means he may have pre-hypertension.*

*Now, you start to recognize he also complains of headaches. Hmmm... could those two things be connected?*

Think about the clients under your care:

- Do you recognize any connections between their blood pressures and the symptoms you are learning about in this inservice?
- Keep your eyes and ears open for clues!
- If you notice any symptoms that you feel may be related to high blood pressure, report them to the nurse right away!



- *By the time you finish reading this inservice you will learn how easy it can be to help your clients lower their blood pressure!*
- *Think about a client you care for right now who has high blood pressure or is at risk for developing high blood pressure.*
- *As you come across ideas in this inservice that may help your client, come back to this page and write them down.*
- *Share the new information you learn with your clients and get them excited about taking charge of their own blood pressure!*

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# BLOOD PRESSURE ASSESSMENT

## YOUR ASSESSMENT IS IMPORTANT

Are you responsible for checking blood pressures on some or all of your clients? If so, do you know how important this routine task is to their health?

### Consider these facts:

- High blood pressure can cause serious health problems including strokes, heart attacks, congestive heart failure, blindness, and kidney disease.
- Studies have shown that the brain ages *ten years faster* in people who have high blood pressure.
- There is no cure for high blood pressure.
- When blood pressure is too high, the blood vessels throughout the body become thick and stiff.
- For 95 out of 100 people, doctor's don't know what's causing their high blood pressure.

### Here's some good news! High blood pressure is one of the *easiest* health problems to discover!

- "Testing" for hypertension is: painless, quick, inexpensive, and easy for most people to learn and do.
- It's important for people to have their blood pressure checked regularly—even if *they are feeling good*. You may be ordered to check frequent blood pressures for your clients if:
  - they are being treated for hypertension, *or*
  - they are at risk for developing it.

**Remember...taking someone's blood pressure is an important medical test!**



## DID YOU KNOW...?

- Over 2000 years ago, people believed that air—not blood—flowed through arteries and veins.
- An English minister was the first person to measure blood pressure. (But, his "patient" wasn't a person...it was a horse!)
- Blood pressure cuffs have only been used for about 100 years. Before that, doctors decided how high a blood pressure was by holding a person's wrist and judging how forceful the blood flow felt against their fingers.
- Even after blood pressure cuffs were available, many doctors continued to use their fingers to measure blood pressure. They were suspicious of the "new-fangled" cuff—and felt that the "old" way was better.
- Most nurses were not allowed to use blood pressure cuffs until the 1960's! (Doctors thought *they* were the only ones qualified to take a person's blood pressure.)
- Fifty years ago, many doctors believed that it was *dangerous* to reduce someone's blood pressure. Some even considered it malpractice for a doctor to try!
  - In the 1950's, doctors told people with high blood pressure to stand completely still for two minutes. If they didn't faint, they were supposed to take their usual dose of blood pressure medication. If they did faint...it meant their last dose was too high and they needed to skip the next dose!

## TROUBLESHOOTING BLOOD PRESSURE

Taking a blood pressure is a simple procedure. But, remember that a number of things affect blood pressure—temporarily making it either too high or too low. Consider these examples:

- *Mr. Smith's blood pressure is normal at night, but when Mary takes it every morning, it's always high. Mary wonders if she's doing something wrong.*

**TIP:** Mr. Smith enjoys a cup of coffee every morning—right before Mary takes his blood pressure. Coffee (and cigarettes) can both raise a person's blood pressure. If possible, Mary should wait thirty minutes before taking her client's blood pressure.

- *Susan is confused. Whenever she checks Mrs. Lane's blood pressure, it's normal. But, when Mrs. Lane goes for her doctor visit, she is diagnosed with high blood pressure.*

**TIP:** One out of four people are so nervous about going to the doctor that their BP rises! This is called "white coat hypertension"—meaning that their blood pressure is only high in a doctor's office. (As soon as they get home, their blood pressure returns to normal.) Mrs. Lane may have white coat hypertension. Susan can help by making sure that Mrs. Lane tells the doctor what her blood pressure is at home. And, the doctor needs to know that Mrs. Lynch gets nervous about her office visits!

- *Jim's client is twelve years old and very slim. Jim's supervisor told him that the child has hypertension, but Jim's readings are normal.*

**TIP:** Jim is using a regular adult blood pressure cuff on his client. When a cuff is too large, the blood pressure reading is often falsely low. Jim should ask his supervisor for a child-sized cuff.



- *David is worried about Mr. Marshall. His blood pressure seems to jump around—up one day and down the next.*

**TIP:** Different positions can change the blood pressure. For example, some people have a lower blood pressure when they stand up than when they sit or lie down. David should make sure he takes Mr. Marshall's blood pressure the same way every day—with Mr. Marshall sitting. Keeping Mr. Marshall's arm at the level of his heart will also help David get a true reading.

- *It's no wonder that Mr. Stone's blood pressure stays high—Kathy can barely get her blood pressure cuff to fit around his arm.*

**TIP:** If a blood pressure cuff is too small, the reading may be falsely high. Kathy should try using an extra large cuff with Mr. Stone. It will give her a more accurate reading.

### NOTIFY YOUR SUPERVISOR IF:

- You get a pressure that is very different from the last one that was taken. (But, be sure to take the client's pressure again first...in case you got a false reading the first time.)
- Your orders include "parameters." For example, your orders might read: "Notify supervisor if client's BP is higher than 150/95."

### REMEMBER TO DOCUMENT:

- The client's position while you took the blood pressure (lying, sitting or standing).
- Which arm you used for the reading.
- Both the top and the bottom number of the blood pressure.

# UNDERSTANDING BP-LOWERING MEDICATIONS

Some people can control their blood pressure by making changes in their lifestyle. But, often, medication is needed to bring down a person's blood pressure.

There are dozens of different drugs used to control hypertension. Here are just a few:

**DIURETICS** (sometimes called "water pills") help flush out extra fluid and sodium from the body.

- Watch for: "Gotta go, gotta go!" Clients on diuretics go to the bathroom a lot! (It helps lower their blood pressure.) Be ready to help them as needed and record output as ordered.
- Examples: Furosemide (Lasix), spironolactone, and hydrochlorothiazide (HCTZ). Notice the generic names for diuretics all end in either "ide" or "one."

**ACE INHIBITORS** expand blood vessels. Remember: high blood pressure is caused by narrowing of the blood vessels. Ace inhibitors help by opening them back up.

- Watch for: dizziness or light-headedness.
- Certain ace inhibitors (like Captopril) cannot be taken with food.
- Examples: The ace inhibitors all end with "pril," like captopril, enalapril, and lisinopril.

**BETA BLOCKERS** lower the heart rate and decrease the work load on the heart.

- Watch for: Dizziness or light-headedness.
- Beta blockers are taken with food.
- Examples: Beta blockers all end in "lol" like atenolol, labetalol, and propranolol.

**COMBINATION THERAPIES** are also common, so, you may have a client who is on lisinopril and hydrochlorothiazide, or some other combination of two different types of BP lowering medications.



- Doctors prescribe high blood pressure medications frequently, but **only 25%** of their patients get their blood pressure under control. Why? **Because so many people forget to take their medication!** They don't feel bad—because hypertension has no symptoms—so it's harder for them to remember to take their pills.

- Medications are important—skipping or stopping blood pressure medication can be life-threatening! If you suspect your client may not be taking medications properly, notify your supervisor right away!
- If your client tells you he has been "cured" of his high blood pressure and doesn't need his medication anymore, tell your supervisor. Most people have to take blood pressure pills for the rest of their lives. Very few people are able to stop without developing problems.
- If you work with clients in their homes, use your imagination to help your clients remember their blood pressure medication. For example:
  - Leave "sticky notes" on the refrigerator, or the bathroom mirror saying, "Take your BP medication!"
  - Ask a friend or family member to call and remind your client to take the medicine.

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## WHEN MONEY IS THE PROBLEM

Some clients may not take their medication because they lack good drug coverage benefits and the cost of the medication is just too high.

Recommend that your clients compare prices and, if possible, switch to a pharmacy that offers low cost generic prescriptions. These include Wal-Mart, Target, Walgreens, Kroger, Safeway, Sam's Club, and many others.

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## EATING HABITS FOR LOWERING BLOOD PRESSURE

People who are overweight tend to have higher blood pressure than people who are slim. So, losing weight is an important part of treating hypertension.

- The good news is that your clients don't have to become as thin as a model to reduce their blood pressure. Studies have shown that losing just ten pounds of excess weight often brings blood pressure back into the normal range.
- Losing weight can lower your clients' blood pressure, help them need less medicine for their hypertension and improve their overall health.

Of course, losing weight can be difficult! It involves making healthy eating choices day after day after day. You can be a terrific source of support for your overweight clients!

- Encourage your overweight clients to eat foods that are low in processed carbohydrates and low in calories. For example, suggest that they:
  - Drink sparkling water instead of soda.
  - Eat lots of fresh fruits and vegetables.
  - Eat more fish and chicken—and less beef.
  - Eat fruit for dessert instead of cake.
  - Choose oatmeal or whole wheat toast for breakfast instead of sweet rolls.
- Help your clients make small changes in their eating habits. They are more likely to stick to the new eating habits if they aren't too drastic.
- It's much easier to *cut back* on a favorite food (like ice cream) than to give it up entirely.
- Encourage your clients to drink lots of water. Six to eight glasses of water each day can really help with weight loss.



- Remember that foods that come from animals (such as meat, butter, and cheese) tend to be higher in fat, cholesterol, and calories. Plant foods (such as fruits, vegetables, and grains) tend to be lower in fat and higher in fiber.
- Remind your clients that there is no “magic” when it comes to losing weight. To drop pounds, people have to eat fewer calories every day than their bodies need for energy.
- The best way to lose weight is to do it slowly—about 1/2 to 1 pound per week. (To lose 1/2 pound a week, a person needs to eat 250 less calories every day—and move around a little bit more.)
- Praise your clients for any success with their weight loss—even if it's only one pound!
- Did you know that apple-shaped people have a greater risk for high blood pressure than people who are pear-shaped? So, keep a close eye on clients who carry extra weight around their stomachs (rather than their hips and thighs).

### FACT!

People with high blood pressure tend to have edema—swelling from extra fluid. Edema is especially common in the feet and ankles.

- People with edema may find that it worsens when they eat salty foods. They may gain two or three pounds of fluid overnight!
- If your clients have edema, you may be ordered to get a daily weight. If so, be sure you weigh them: at the same time, wearing the same amount of clothing, and on the same scale every day.

# SPECIAL DIETS FOR CLIENTS WITH HYPERTENSION

## LOW SODIUM DIET

Sodium is a mineral found in table salt. The American Heart Association recommends no more than 2,400 milligrams (2.4 grams) of sodium per day for all healthy individuals.

Sometimes a physician may recommend a reduced sodium diet to help control hypertension. The doctor will give specific guidelines about how much sodium is allowed.

Not all people with hypertension require a low sodium diet. It's up to the doctor to decide.

### FOODS TO AVOID ON A LOW SODIUM DIET:

- Processed foods (frozen dinners, "instant" sauces and soups)
- Processed meats (like bologna or bacon)
- Processed cheeses—like American cheese
- Canned foods
- Anything that's "pickled"
- Snack foods (chips, pretzels and crackers)
- Sports drinks

### WAYS TO HELP WITH A LOW SODIUM DIET:

- Read labels—most foods are labeled, listing the amount of sodium *per serving*.
- Use fresh vegetables rather than canned.
- Low sodium broths and herb mixtures can add flavor to foods—instead of salt.
- If possible, keep the salt shaker off the table.
- Encourage your clients to taste their food before adding salt. They may just be in the habit of adding salt—but don't really need it.
- Help your client keep a sodium "diary"—writing down the amount of sodium in everything he or she eats.

## HIGH POTASSIUM DIET

Some blood pressure medications may require a special diet. For example, a diuretic (such as Lasix) removes extra fluid from the body and lowers blood pressure. But, it can also remove potassium—a mineral required for healthy heart and muscle function. A person's potassium level can become dangerously low!

Occasionally a physician might prescribe a potassium pill to be taken along with a diuretic.

Or, the doctor might recommend that your clients increase the amount of potassium in their diets.

### WAYS TO INCREASE POTASSIUM IN THE DIET:

- Read labels—as with sodium, the amount of potassium is listed on food labels.
- Help your client keep a "potassium" diary.
- Encourage your clients to eat high potassium foods such as:
  - Bananas
  - Tomatoes
  - Tomato juice
  - Dried fruit
  - Raisins



- **NOTE:** It's up to the doctor to order a high potassium diet because some diseases (such as kidney disease) may require a low potassium diet.
- If you aren't sure what your client should be eating, ask your supervisor.

## THE IMPORTANCE OF PHYSICAL ACTIVITY

- People who are physically active have a good chance of avoiding hypertension in the first place—or of reducing their blood pressure if it's already high.
- Your clients don't have to lift weights or run marathons to benefit from exercise. Even light activities do some good. The main thing is to get some kind of exercise regularly.
- Walking half a mile every day is better than taking a five mile walk once a month.
- Exercise makes it easier for overweight clients to lose weight—so they benefit from the exercise... and from weight loss.
- Regular exercise (approved by a physician) not only helps with weight control but helps "lift the mood" of a person facing a chronic illness like hypertension.
- Help your clients set specific goals for exercise. For example, if Mr. Smith tells you, "I'm going to start exercising one of these days," try saying to him, "You and I will take a 15 minute walk today."
- Some clients may tell you that they're afraid to exercise because it will make their blood pressure go even higher. Tell them that exercise will bring their blood pressure down—and ask the nurse to talk to them about this issue.
- If your client is seen by a physical therapist, ask the therapist what kind of exercise is best for the client. Explain that you would like to help get the client on a regular exercise routine.

- If your workplace offers exercise "classes," encourage your clients to attend them.
- See if a friend or family member will agree to go for regular walks with your client. It's more fun to exercise with a "buddy."



# GET OUT!



## *Thinking outside the box!*

- Walking is a great, low-impact way to get exercise. It's free, doesn't take any preparation, and can be done anywhere.

### THE PROBLEM:

- Some people only see walking as an *outdoor* activity. This means, if the weather is too hot, too cold, too rainy, too anything—the walk doesn't happen.

### WHAT YOU KNOW:

- Walking can happen in many places including the home, the mall, the gym, or the senior center.
- There are also other low-impact activities that can be done indoors, like stretching, yoga, chair exercises, and indoor swimming.

### GET CREATIVE:

- Think of **three creative solutions** to suggest to your client for getting exercise when the weather outside does not cooperate.

### TALK ABOUT IT:

- Share your ideas with your co-workers and supervisor and find out how they would solve the problem.

## UNDERSTANDING STRESS AND HYPERTENSION

We all experience stress. Good experiences—a wedding or a family reunion—as well as bad experiences—the death of a loved one or loss of a job—cause stress.

Stress by itself is not bad. But, stress becomes a problem when people have a negative reaction to it.

- Some people have a physical reaction to stress. They tense up, clench their teeth, or get a headache.
- Other people have an emotional reaction. They yell at others, cry or “stuff” all their feelings deep inside. *Either way, they have allowed the stress to take over their lives!*
- Some doctors call hypertension “a problem of modern times” because people lead such busy lives these days.
- Managing stress is one way to treat hypertension. It may not replace blood pressure medication and diet therapy, but it can help.

### HOW YOU CAN HELP

- If you notice that certain things seem to “stress out” your clients, help them avoid those situations.
- Try to keep a positive attitude around your clients—so you aren’t adding to their stress!
- In addition, try to figure out what helps *relax* your clients. Here are just a few suggestions:
  - Listening to relaxing music.
  - Reading a book or being read to.
  - Taking a short nap.
  - Watching a comedy on TV.
  - Talking to a friend.

- Tell your supervisor if you notice any new signs that your clients are stressed such as:
  - Upset stomach, cold or sweaty hands, a pounding heart, or tight neck and shoulders.
  - Being depressed, angry, irritable, or impatient.
  - Overeating, problems sleeping, or an increase in smoking or drinking.



## FINDING PEACE

- Prayer and meditation are both great stress relievers. They bring calmness, quiet, and peace.
- Try this yourself: Sit in a quiet place. Close your eyes. Try to remember a time when you were calm and happy—a boat ride, a walk on the beach, or a quiet moment in the woods. Inhale and hold your breath *in* for a few seconds. Slowly exhale...then hold your breath *out* for a few seconds. Now inhale slowly. Repeat this breathing pattern 5 or 10 times. Open your eyes. Do you feel better?
- Now try helping your clients relax by doing the same thing.

## FINAL THOUGHTS ABOUT HYPERTENSION!

- Remember that every time your clients smoke a cigarette, their blood pressure goes up. Encourage them to stop smoking...and praise them if they quit or cut down.
- Sodium is usually measured in *milligrams*. There are about 2,000 milligrams of sodium in one teaspoon of table salt! That means that a person following a heart-healthy diet can have a total of only about 1 and 1/4 teaspoons of salt per day!
- If your clients have been ordered to eat a low sodium diet but are having trouble sticking to it, let your supervisor know. It may feel like you are “tattling” on the client, but it is your responsibility to report the facts.
- Encourage your clients to keep every appointment with their doctor. Hypertension needs to be watched carefully to make sure it is being controlled.
- Keep in mind that people with hypertension are at risk for heart attacks and strokes. **Tell your supervisor immediately if you notice any of the following:**
  - Severe or constant headaches.
  - Extreme tiredness.
  - Dizziness—like the room is spinning.
  - Nosebleeds.
  - Numbness or weakness on one side of the body.
  - Chest pain.
  - Nausea, vomiting or heartburn.
  - Cold, moist skin.
  - Blue lips.
  - Shortness of breath or difficulty breathing.
  - Ankles that are suddenly swollen.



# KNOW the facts!

- High blood pressure (hypertension) is listed as a primary or contributing cause of death for over 410,000 Americans a year.
- There are over 44 million physician office visits every year for hypertension.
- High blood pressure is a major risk factor for heart disease, stroke, congestive heart failure, and kidney disease.
- Almost one fifth of the people with high blood pressure *don't know* that they have it.
- It is estimated that about 90% of middle-aged adults will develop high blood pressure at some point during the rest of their lives.
  - In the U. S., the prevalence of hypertension is higher among blacks than whites. This is especially true of black women who have a 44% chance of developing high blood pressure.
- About 28% of American adults have pre-hypertension.
- It is estimated that the direct and indirect costs of high blood pressure in America add up to more than \$73 billion per year.





*Developing Top-Notch CNAs, One Inservice at a Time*

EMPLOYEE NAME  
(Please print):

\_\_\_\_\_

DATE: \_\_\_\_\_

- ***I understand the information presented in this inservice.***
- ***I have completed this inservice and answered at least eight of the test questions correctly.***

EMPLOYEE SIGNATURE:

\_\_\_\_\_

SUPERVISOR SIGNATURE:

\_\_\_\_\_

### Inservice Credit:

<input type="checkbox"/> Self Study	1 hour
<input type="checkbox"/> Group Study	1 hour

***File completed test in employee's personnel file.***

## A Disease Process Module: Understanding Hypertension

***Are you "In the Know" about hypertension? Circle the best choice.  
Then check your answers with your supervisor!***

- 1. True or False**  
People with hypertension have many symptoms and often feel really sick.
- 2. True or False**  
Doctors know exactly what causes secondary hypertension.
- 3. True or False**  
A client with pre-hypertension does not have to worry; it will probably go away.
- 4. True or False**  
There is no cure for high blood pressure.
- 5. When documenting a blood pressure, which of the following is important:**
  1. The client's position while you took the blood pressure.
  2. Which arm you used for the reading.
  3. Both the top and the bottom number of the blood pressure.
  4. All of the above
- 6. True or False**  
A common side effect of diuretics is more frequent urination.
- 7. An appropriate snack for a client with hypertension is:**
  - A. Pretzels
  - B. French fries
  - C. Banana
  - D. Bologna sandwich
- 8. True or False**  
Every client with hypertension should be on a low sodium and high potassium diet.
- 9. True or False**  
Exercise will increase blood pressure in a client with hypertension.
- 10. True or False**  
It is okay for most people with hypertension to stop taking their medication as long as they are feeling better.