

3A(1b)

Management plan

Describe a management plan illustrating a prescribing issue, referenced to a specific written national or local protocol, which you have used in the management of a patient with chronic disease in your practice. Your management plan should clearly illustrate compliance with the guidance.

Management Plan:

Treatment of hypertension

55 year old patient

1995

? hypertensive. 180/110. Referred to hypertension clinic. Normal U & E's, normal echo, 24 hr mean BP 155/99. No evidence of end organ damage, patient not keen to start therapy. Advice re non drug measures and yearly monitoring suggested

1999

BP 180/106. BP each year runs at this level. Now father has a retinal vein thrombosis along with hypertension and further CVA. Keen to start treatment.

2000 Practice protocol followed:

Jan Risk assessment – non-smoker, keeps fit, normal BMI, cholesterol 2.8!, alcohol within

normal limits

June 3x high BP reading by practice nurse

Started bendrofluazide 2.5mg

Control still poor - atenolol 50mg added

Sept BP control still poor despite adequate B blockade

Nov Amlodipine 5 mg started

Stopped due to ankle odema

Ramipril 2.5 mg with pre and post starter U & E's Ramipril dose increased to 10mg – U & E's normal

2002

Now on routine review BP 130 /90 6 monthly checks

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Please indicate for this patient where you used your guideline/evidence base in their management plan:

Before starting antihypertensive therapy:

Routine bloods to assess end organ damage and three readings were made before therapy was started

Antihypertensive treatment:

First line use of a low dose thiazide diuretic or B blocker is recommended

2nd/3rd line treatment:

Additional add-in therapy using a calcium channel blocker was next

Side effects or problems:

ACE added with monitoring of U & E's as per protocol

Final comment:

Perhaps at this stage aspirin should be added or we might continue to try to achieve lower BP

Signed		fin	Date	12/07/03
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