Hypertension	Referral Guide: Page 1 of 1	**Nephrology**

Diagnosis/Definition:

Hypertension is persistently elevated blood pressure, >140/90 for patients without diabetes for chronic kidney disease and >130/80 for patients with diabetes or chronic kidney disease.

Initial Diagnosis and Management:

Treatment should follow JNC 7 guidelines.

Ongoing Management and Objectives:

Goals of treatment are to exclude secondary causes of hypertension and to control patient's blood pressure to the above goals.

Indications for Specialty Care Referral:

Uncontrolled hypertension on 4 medications (thiazide diuretic, ACEI or ARB, calcium channel blocker and beta blocker).

Test(s) to Prepare for Consult:	**Test(s) Consultant May Need To Do:**
BUN, creatinine, electrolytes, urinalysis, spot urine protein and creatinine if proteinuria present	Renal ultrasound, aldo work up, pheo work up, Cushings work up, MRA or captopril renal scan

Criteria for Return to Primary Care:

Blood pressure controlled.

Revision History: Created **Revised**

Disclaimer: Adherence to these guidelines will not ensure successful treatment in every situation. Further, these guidelines should not be considered inclusive of all accepted methods of care or exclusive of other methods of care reasonably directed to obtaining the same results. The ultimate judgment regarding the appropriateness of any specific procedure, therapy, or referral must be made by the physician/provider in light of all circumstances presented by an individual patient.