



Practice Enhancement Program

GUIDELINES FOR CHART REVIEW

Practice Enhancement Program
for Saskatchewan Physicians

HYPERTENSION

Diagnosis – criterion met:

Single office reading >150/110

Repeat office readings >140/90

Diabetic > 130/80

Home BP avg >135/85

ABPM daytime mean >135/85 **OR** 24hr mean >130/80

Always Mostly Sometimes Never

Investigations

At time of diagnosis:

Urinalysis

Always Mostly Sometimes Never

Electrolytes & Creatinine

Always Mostly Sometimes Never

HbA1c / Fasting glucose

Always Mostly Sometimes Never

Lipids

Always Mostly Sometimes Never

ECG

Always Mostly Sometimes Never

Urine albumin (Diabetics)

Always Mostly Sometimes Never

Ongoing monitoring (at least annually)

Urinalysis

Always Mostly Sometimes Never

Electrolytes & Creatinine

Always Mostly Sometimes Never

HbA1c / Fasting glucose

Always Mostly Sometimes Never

Lipids

Always Mostly Sometimes Never

ECG

Always Mostly Sometimes Never

Urine albumin (Diabetics)

Always Mostly Sometimes Never

CVS risk management

Assess CVS risk regularly

Always Mostly Sometimes Never

Discuss healthy lifestyle

Always Mostly Sometimes Never

Screening for Secondary causes (at least once)

Renovascular hypertension

Always Mostly Sometimes Never

Endocrine hypertension

Always Mostly Sometimes Never

Treatment

Appropriate first line drugs

Always Mostly Sometimes Never

Adding second or third drug early as needed

Always Mostly Sometimes Never

Monitor treatment compliance

Always Mostly Sometimes Never

Monitor drug side-effects

Always Mostly Sometimes Never

Screen for end-organ damage

CVS: LVH or Heart Failure

Always Mostly Sometimes Never

Cerebrovascular: Stroke / dementia

Always Mostly Sometimes Never

PAD (Peripheral Artery disease)

Always Mostly Sometimes Never

Nephropathy

Always Mostly Sometimes Never

Retinopathy

Always Mostly Sometimes Never

Source: 2020 Hypertension Canada Guidelines. (Hypertension.ca)

Hypertension updated Feb/20