

**Arkansas Department of Health  
Chronic Disease Prevention and Control Branch**

**Table 1 Classification of Blood Pressure (BP) Screening and Referral JNC 7 Based Guidelines**

BP Category	Systolic BP mm Hg	Diastolic BP mm Hg	Behavioral Advice	Management Advice & Physician Referral
Normal	Less than 120 <b>AND</b> Less than 80		Lifestyle Modification for Normal BP and Prehypertension	<ul style="list-style-type: none"> <li>• Not necessary</li> <li>• Recheck BP in 2 years unless on treatment</li> <li>• If on treatment and BP under control, advise follow up with treating physician</li> </ul>
Prehypertension	120-139 <b>OR</b> 80-89			<ul style="list-style-type: none"> <li>• Recheck BP in 1 year unless on treatment</li> <li>• If <b>diabetic</b> BP goal is less than 130/80 mm Hg</li> <li>• Follow lifestyle modification</li> <li>• If on treatment, inform of controlled BP today</li> <li>• Continue physician visits and treatment</li> <li>• If <b>diabetic</b> refer for investigation of kidney disease</li> </ul>
Hypertension Stage 1	140-159 <b>OR</b> 90-99		Lifestyle Modification after stabilization and physician advice	<ul style="list-style-type: none"> <li>• <b>High BP</b></li> <li>• Physician referral for evaluation</li> <li>• Confirm within 2 months</li> <li>• If on treatment, advise BP reduction to 140/90 mm Hg or less</li> <li>• If <b>diabetic</b> on treatment, advise BP reduction to 130/80 mm Hg or less</li> <li>• Suggest discussing BP goals with physician</li> </ul>
Hypertension Stage 2	160 and higher <b>OR</b> 100 and higher			<ul style="list-style-type: none"> <li>• Recommend <b>urgent</b> physician evaluation <b>within 1 week</b></li> <li>• Complete documentation</li> <li>• Give <b>immediate referral</b> sheet</li> <li>• <b>Acute Life Threatening Event:</b> If <b>Systolic BP</b> greater than <b>200 mm Hg</b> and/or <b>Diastolic BP</b> greater than <b>120 mm Hg</b> <b>emergency referral</b> within 24 hours and/or emergency procedures</li> </ul>

**Table 2 Lifestyle Modifications to Prevent and Manage Hypertension**

<b>Modification</b>	<b>Recommendation</b>	<b>Advice and Referral</b>
<b>Weight reduction</b>	Maintain normal body weight (body mass index 18.5–24.9 kg/m <sup>2</sup> )	<ul style="list-style-type: none"> <li>• Take and record patient’s weight and height</li> <li>• Refer to physical activity counselor or available exercise facilities/resources</li> <li>• Refer to nutritionist or dietician</li> <li>• Refer to *CDSME/DSME program</li> </ul>
<b>Adopt DASH eating plan</b>	Consume a diet rich in fruits, vegetables, and low fat dairy products with a reduced content of saturated and total fat	<ul style="list-style-type: none"> <li>• Refer to nutritionist or dietician</li> <li>• Make diabetic and cardiovascular health diet charts, brochures &amp; recipes available</li> <li>• Refer to* CDSME/DSME program</li> </ul>
<b>Dietary sodium reduction</b>	Reduce dietary sodium intake to no more than 100 mmol per day (2.4 g sodium or 6 g sodium chloride)	<ul style="list-style-type: none"> <li>• Refer to nutritionist or dietician</li> <li>• Make diabetic and cardiovascular health diet charts, brochures and recipes available</li> <li>• Refer to* CDSME/DSME program</li> </ul>
<b>Physical activity</b>	Engage in regular aerobic physical activity such as brisk walking (at least 30 minutes per day, 5 days per week)	<ul style="list-style-type: none"> <li>• Refer to physical activity counselor or available exercise facilities/resources</li> </ul>
<b>Moderation of alcohol consumption</b>	Limit consumption to no more than 2 drinks (e.g., 24 oz. beer, 10 oz. wine, or 3 oz. 80-proof whiskey) per day in most men, and to no more than 1 drink per day in women and lighter weight persons	<ul style="list-style-type: none"> <li>• Suggest referral to Alcoholic Anonymous or other counseling services</li> </ul>

\*CDSME = Chronic Disease Self-Management Education

\*DSME = Diabetes Self-Management Education