

### Blood Pressure Control

<b>Key Document code:</b>	WAHT-TP-073	
<b>Key Documents Owner:</b>	Dr Martin Ferring	Consultant Renal and General Medicine
<b>Approved by:</b>	Specialist Medicine Divisional Governance	
<b>Date of Approval:</b>	19 <sup>th</sup> October 2017	
<b>Extension Approved on:</b>	17 <sup>th</sup> March 2022	
<b>Date of review:</b> <b>This is the most current version and should be used until a revised document is in place</b>	31 <sup>st</sup> December 2022	

### Key Amendment

<b>Date</b>	<b>Amendment</b>	<b>Approved by</b>
February 2021	Documents extended for 6 months as per trust agreement	Trust Agreement
December 2021	Document extended for 6 months to allow for thorough review.	Specialist Medicine Governance
17 <sup>th</sup> March 2022	Renal documents extended until the end of the year, approved by Dr Trevelyan.	Dr Trevelyan

### Blood Pressure Control

1. Blood Pressure Control: Consider ambulatory BP monitor if BP > 140/90 to exclude white coat syndrome; treat hypertension to target of <140/90 if no proteinuria (A1), or <130/80 if proteinuria (A2-3 = ACE inhibitor or angiotensin blocker preferred). Avoid dietary salt intake. Monitor BP, ideally home BP.