

Dear Clinicians,

We have received questions from several clinicians regarding what to do when encountering a patient with a high blood pressure alert or diabetic emergency at a health fair. Attached you will find two flyers with guidance on how to help patients in those situations. As a supplement to the flyers, you can personalize the Word documents to include your health center's information when documenting the readings for patients.

We welcome you to email us your stories directly at BPVisit@CDNetwork.org, or click "Reply" to this email.

Thank you!

The BP Visit Team

<http://www.cdnetwork.org/bp-visit>



HEALTH FAIR PROTOCOL EVALUATING HIGH BLOOD PRESSURE ALERTS



When staffing a health fair, you may encounter certain blood pressure (BP) alerts:

SYMPTOMS



Know the red-flag symptoms of hypertensive emergency when BP > 160/100:

- Headache
- Vision issues
- Confusion
- Weakness
- Chest pain
- Shortness of breath
- Leg swelling
- Slurred speech
- Difficulty walking
- Stroke

ACTION ITEMS:

- If systolic is > 160 mmHg and/or diastolic > 100 mmHg and on dialysis, patients need to call their dialysis center.
 - If they are adherent to their medications, they should be advised to consult their Primary Care Clinician (PCC). If no PCC is available, then they can wait until the first working day to go to urgent care.
 - For those with systolic > 180 mmHg and/or diastolic > 110 mmHg, they should be seated in a quiet area for 15-30 minutes and have BP repeated. If all their BP readings are persistently elevated (> 180/110), they should seek care immediately either by calling their PCC OR by going to urgent care/ER that same day.
- If they are on anti-hypertensives and have not been taking their medications or have just started medications again for the first time that morning, inform patients to be adherent and to have their BP checked within a week by their PCC.

After BP measurement, provide patients with the Critical BP form which includes the BP results and the time of test. Have them sign the document certifying that they have been advised to seek urgent care.

HEALTH FAIR PROTOCOL FOR DIABETIC EMERGENCY



When staffing a health fair, you may encounter certain glucometer alerts:

GLUCOMETER ALERTS FOR USE IN TYPE 2 DIABETES MELLITUS

If the glucometer says HI (undetectable) or > 400 mg/dL, patients should:

- Contact their Primary Care Clinician (PCC) right away or seek urgent care.
- Patients should be given the Critical Glucose form with the glucometer results and time of test.
- Sign a copy of the document certifying that they have been advised to seek urgent care.

SYMPTOMS

Realize that the patient may still be in serious trouble when sugars are < 400 mg/dL. You need to ask for a list of symptoms.

If the glucose is > 300 mg/dL and the patient exhibits the following symptoms, you may still need to call 911:

- Infection/fevers
- Extreme thirst
- Confusion
- Weakness

Low sugar can be of concern as well when it is < 70 mg/dL:

- If confused or disoriented, give a glass of orange juice and then call 911 if there is no immediate improvement on mental status.
- In less severe cases, offer half a glass of orange juice and repeat glucometer test in 15 minutes.
- If the glucometer test is still < 70 mg/dL after 15 minutes, offer orange juice again and check test in 15 minutes.
- If the test is still < 70 mg/dL, call 911.
- If they take insulin/sulfonylurea on a daily basis, have them call their PCC to see if their insulin dose needs to be adjusted.
- Until they see their PCC, advise them to monitor themselves for tremors, sweating and dizziness. They should check their fingersticks 4 times a day (before breakfast, lunch, dinner and bedtime).
- Have orange juice available for any further values < 70mg/dL.

After glucometer test, provide patients with the Critical Glucose form which includes the glucometer results and time of test. Have them sign the document certifying that they have been advised to seek urgent care.

- 1) Please note that Type 1 Diabetes Mellitus (DM) and Type 2 DM (T2DM) cases are very different.
- 2) These suggestions apply **only** to T2DM cases. Type 1 DM cases typically have an intimate long-term knowledge of the disease and a PCC that is familiar with the patient.
- 3) Realize that it is not unusual for T2DM to have blood glucose in the 200's/300's mg/dL.

Participant's copy

Your blood pressure reading today was ____/____.

This reading is very high, and we encourage you to contact your primary care clinician (PCC) or visit the emergency room as soon as possible.

If you don't have a PCC, please sign up with the [INSERT HEALTH CENTER NAME HERE] team at the registration desk today.

By signing this form, I am indicating that I am aware of the risk of not seeing a physician given my elevated blood pressure.

Print Name of Subject

Signature of Subject

Date

Print Name of Staff

Signature of Staff

Date

Staff copy
Subject Name:
Subject's phone number:

Your blood pressure reading today was ____ / ____.

This reading is very high, and we encourage you to go see your primary care clinician (PCC) or visit the emergency room as soon as possible.

If you don't have a PCC, please sign up with the [INSERT HEALTH CENTER NAME HERE] team at the registration desk today.

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Date