# EVALUATION AND TREATMENT OF HYPERTENSION FOR CHILDREN WITH BMI >85TH PCTILE OVER 10 YEARS

Inclusion criteria:
- Overweight/Obesity
- Over 10 years

Exclusion criteria:
- Under 10 years
- Normal BMI
- Pregnancy

Urgently elevated blood pressure - refer to ED

BP measured with appropriate cuff size^ (fits 80% of the arm, 2/3 length of upper arm), manually measured, not with machine (Determine BP percentile according to chart)

BP<90th percentile (<120/80 for normal height, >11y children)

BP 90-95th percentile, or BP>95th at one visit, or equivocal readings

BP >95th percentile measured at 3 separate visits* (>130/85 for normal height, >11y children)

*within 3 months

Repeat BPs by provider utilizing appropriate size cuff# (any) 3 visits

BP<90 pctile

BP>90 pctile

Follow up by PCP:
- Weight management
- Routine monitoring every 6 mo-1y

Normal results (BP<95 pctile)

PCP to do additional evaluation*

Abnormal results

Nephrology or Cardiology Consult, if abnormal pedal pulses, according to results

Normal (BP>95 pctile)

Treatment by PCP:
- Weight management
- Low salt diet – nutrition referral
- Start ACE inhibitor:
  - Lisinopril 5mg → 10 mg QD/BID
  - Enalapril 2.5mg → 6 mg BID
  - Birth control counseling - ACE inhibitors are teratogenic
  - Lytes, BUN, creat in 4-6 weeks

3 month follow up with PCP

BP >95th

BP <95th

~ 3 visits with BP <95th

Refer to nephrology

Routine monitoring by PCP: BP, BUN, creat, lytes by PCP every 6 mo

*PCP to do additional evaluation:
- Labs
  - BUN/creatinine, lytes, CBC
  - Urinalysis
  - Protein/creatinine ratio
- Renal ultrasound with Doppler (Ordered at Connecticut Children's or other experienced pediatric radiology center)
- Pedal pulses

^ Please use next cuff size up prior to referring
# Utilize other provider, such as school nurse, only if appropriate cuff size is available

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