

PEDIATRIC HYPERTENSION REFERRAL GUIDELINE

MAINE MEDICAL PARTNERS - PEDIATRIC SPECIALTY CARE (DIV. OF NEPHROLOGY) • 887 CONGRESS ST, PORTLAND, ME • (207) 662-5522

HIGH RISK

SUGGESTED EMERGENT CONSULTATION

SYMPTOMS AND LABS

BP Measurement: BP 99th% + 5 mmHg or higher (Stage II hypertension)
EXAM/Symptoms: Papilledema, severe headaches, vomiting

SUGGESTED PREVISIT WORKUP

LABS: Labs and imaging recommended for stage I hypertension
PLUS
Fractionated serum metanephrines (Best first screen for pheochromocytoma) & ECHO
RECOMMEND: If asymptomatic, call pediatric nephrologist for urgent appointment. If symptomatic or papilledema on exam, send patient to emergency room

MODERATE RISK

SUGGESTED CONSULTATION OR CO-MANAGEMENT

SYMPTOMS AND LABS

BP Measurement: 95-99th%ile +5 (Stage I hypertension)
EXAM/Symptoms: Normal exam, +/- mild headaches

SUGGESTED WORKUP

LABS: Comprehensive metabolic panel, CBC, urinalysis, TSH reflex FT₄, renin, aldosterone
Imaging: Renal ultrasound with Doppler evaluation
RECOMMEND: Diet and lifestyle changes recommended for pre-hypertension
PLUS
Recheck BP q1-2 weeks. If three or more readings in this range then obtain recommended labs and refer to pediatric nephrology for next routine available appointment (may obtain imaging in advance or can schedule imaging with appointment)

LOW RISK

SUGGESTED ROUTINE CARE

SYMPTOMS AND LABS

BP Measurement: 90th to < 95th%ile for height and age
OR
> 120/80 (pre-hypertension) but < 95th%ile
EXAM: Normal Exam, (with or without obesity)

SUGGESTED MANAGEMENT

LABS: Urinalysis
RECOMMEND:
Aim for sodium intake < 2000mg daily
Counsel to increase exercise.
Counsel to improve BMI to < 85th%ile if indicated (e.g. Let's Go 5-2-1-0, see obesity referral guideline)
Recheck BP in 6 months

CLINICAL PEARLS

- All children age 3 and older should have their BP measured at least once annually. All BP measurements should be resting, arm measurements (manual preferred if able).
- For children with heart disease, chronic kidney disease or diabetes, please contact the appropriate specialist for recommendations for any degree of elevated blood pressure.
- Refer to *Fourth Report on Diagnosis, Evaluation and Treatment of High Blood Pressure in Children or Adolescents. Pediatrics. Vol 114, No 2. August 2004* for tables of normative values for BP measurements and appropriate cuff size.
- Epic practices can use Review Flowsheet called "AMB VITALS WITH-AGE PERCENTILES" for automated calculation of BMI percentile for age, gender and height.

Maine Medical
PARTNERS

These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.