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when hypertension has no known cause, or there is no evidence to link it to a specific cause. Primary hypertension accounts for about 90% of all hypertension cases. Secondary hypertension is high blood pressure which has an identifiable cause. Potential causes of hypertension (primary or secondary) include: Overweight or Obesity Smoking Genetics /Family History of Hypertension Diet High In Salt Consuming More Than 1-2 Alcoholic Beverages Daily Stress Ageing Lack of Exercise Apnea Thyroid Disease Signs and Symptoms of Hypertension Hypertension Do Not Always Cause Symptoms; in fact, about a third of people who have hypertension don't know they have it because of no or few symptoms. Below are some of the most common symptoms of hypertension: Headache Ringing or Buzzing in The Ears Fatigue Irregular Heartbeat Confusion or Dizziness Nosebleed Blurred Vision Difficulty Breathing Pain in Breast Pain in Urine Care Plans Hypertension After the Patient Is Found with High Blood Pressure, It is important to follow the appropriate diagnosis of nurses and care plan for hypertension care in order to reduce the effects of hypertension. These six care plans cover the main problems associated with hypertension. Each includes their own diagnosis of nurses, NANDA, possible signs of evidence, desired outcome, and withdrawal intervention. Use NANDA NANDA and potential evidence to determine the correct plan of care for patients with hypertension. Some patients may need multiple care plans. Hypertension Care Diagnosis #1: Risk of Lowering The Heart Output NANDA Definition: Inadequate blood is pumped by the heart to meet the body's metabolic needs. Possibly evidenced by: N/A. This intervention is used in order to prevent a reduction in cardiac output from occurring. Desired results: Show a steady heart rate and speed. Keeping blood pressure within an acceptable range. Take part in activities that reduce blood pressure and heart load. Interventions: Check the patient's laboratory data (heart markers, blood cell count, electrolytes, ABGs, etc.) to determine the factors contributing to this. Monitoring and recording blood pressure in both hands and hips measuring blood pressure in both hands. Auscultation of the sounds of breathing and heart rate. Watch the patient's skin color, temperature and time to replenish capillaries. Advising the patient to reduce sodium intake if necessary. Administer medicines if necessary. Hypertension Care Diagnosis #2: Acute Pain (usually Headache) NANDA Definition: Pain Is Everything a Person Says It Exists Whenever a Person Says What Does; an unpleasant sensory and emotional experience arising from actual or potential tissue damage or described in terms of such damage is a sudden or slow onset of any intensity from light to severe with an expected or predictable end and duration. Possibly indicative: The patient reports throbbing pain in the head, most often after waking up. Changes in appetite. The patient reports neck stiffness, blurred vision, dizziness, nausea, and/or vomiting. Desired results: The patient states that they no longer suffer from headaches and seem comfortable and painless. Activities: Identify the specifics of pain, such as the intensity of where it is located, and how long it lasts. Pay attention to the patient's attitude to pain and any history of substance abuse. Encourage rest during severe episodes of pain. We recommend relief techniques such as neck and back rubs, applying cool tissue on the forehead, and avoiding bright lights. Limit the patient's movements. Provide medication if necessary. Hypertension Care Diagnosis #3: Activity Intolerance NANDA Definition: Insufficient physiological or psychological energy to withstand or complete necessary or desired daily activities. Possibly indicative: Patient reporting weakness or fatigue. Abnormal pulse as a result of activity. Physical discomfort or Changes in electrocardiogram (ECG) reflecting ischemia; dysrhythmia. Desired results: The patient participates in necessary and/or desired activities. Uses identified methods to increase tolerance to activity. Reports of a measurable increase in his tolerance for activities. It shows a decrease in noticeable signs of intolerance. Activities: Pay attention to each factors contributing to fatigue (age, health, illness, etc.). Assess the degree of intolerance of the patient's activity and when it occurs. Monitoring how the patient reacts to activity (pulse, heart rate, chest pain, dizziness, excessive fatigue, etc.). Explain energy saving methods (shower chairs, brushing chairs, etc.). Evaluate any emotional factors that may contribute to activity intolerance (e.g. depression or anxiety). Encourage the patient to engage in self-care and progressive activities whenever possible. Hypertension Care Diagnosis #4: Ineffective definition of NANDA combat: failure to form a valid assessment of stressors, inadequate choice of practiced responses, and/or inability to use available resources. Possibly indicative: The patient declares that he/she is unable to cope; The patient asks for help. Anxiety, irritability, anxiety and/or depression as a result of diagnosis of hypertension. Destructive behaviors such as overeating, lack of appetite; Excessive smoking/alcohol consumption, and/or alcohol abuse Desired results: The patient can determine his/her ineffective survival methods and their consequences. Verbal awareness of one's own ability to survive. Identifies potentially stressful situations and takes steps to avoid or change them. Shows the use of effective survival skills. Activities: Determine which specific areas the patient is struggling to cope with. Assess the effectiveness of the patient's current skills and where improvements can be made. Help the patient identify specific stressors and how to deal with them. Work with the patient to develop a care plan and encourage participation in the plan. Help the patient identify and start planning for the necessary lifestyle changes. Encourage the patient to evaluate their priorities and goals in life. Hypertension Care Diagnosis #5: Unbalanced Nutrition (More Than Body Requirements) NANDA Definition: Consumption of Nutrients That Exceed Metabolic Needs. Possibly indicative: the patient's weight is 10%-20% more than the ideal of his/her height and frame. Reports or observed dysfunctional food patterns. Desired results: The patient understands the link between hypertension and obesity. Initiates/supports the appropriate exercise program. Shows changes in diet patterns such as food choices and/or quantity to achieve healthy body weight. Activities: Assess the patient's understanding of the relationship between hypertension and obesity. Discuss with the patient the relationship between hypertension and obesity. Discuss the need to reduce calorie intake, as well as a limited intake of salt, sugar and fat. Determine the patient's desire to lose weight. Help the patient install exercise plan. Help the patient develop a realistic nutrition plan. Seek a nutritionist if necessary. Hypertension Care Diagnosis #6: Knowledge Deficit Definition: Lack or lack of cognitive information related to a particular topic. Perhaps indicative: Verbalization problem. The patient needs information or additional information, otherwise he/she does not understand the information provided. The patient inaccurately follows the instructions. The patient appears agitated, hostile or upset when the conditions and ways of managing them are discussed. The patient correctly uses the drugs that are prescribed to them, and understands their side effects. Activities: Determine what information the patient currently understands. Assess readiness and blocks for learning. Include the patient's partner if possible. Describe the nature of hypertension, how it affects different parts of the body, and how it can be treated. Avoid using the term normal BP. Instead, use the term well controlled to describe the patient's BP within the desired limits. Discuss with the patient the changes he/she can make to cope with hypertension. Discuss the importance of maintaining a stable weight. Discuss the need for a low-calorie, low-sodium-to-order diet. Help the patient create a schedule of medication. Encourage the patient to other resources that can be used to better understand and manage hypertension. Review: Diagnosis and treatment of hypertension, a medical term for high blood pressure, is a problem that can have serious and long-term health consequences if it is not managed properly. Thus, having an effective plan for caring for patients with hypertension is important. While it is often difficult to determine the cause of hypertension, high blood pressure can be caused by weight, smoking, high sodium intake, and/or genetics, as well as other factors. Some symptoms of hypertension may include headache, dizziness, fatigue, shortness of breath, and/or chest pain, although some patients with hypertension do not exhibit any symptoms. There are six key diagnoses of nurses for hypertension. Risk of Lowering Heart Production Acute Pain (usually Headache) Intolerance Activity Ineffective Overcoming Unbalanced Nutrition (More Than The Body Needs) Lack of Knowledge for Each Diagnosis of Hypertension Care, it is important to know the definition of NANDA, possible signs of evidence, desired outcome, and care intervention. What's next? Thinking about studying a career in health care? Read our complete guide to getting a health care degree, with explanations of what level of qualification you need for different professions. Career. nursing diagnosis vs medical diagnosis pdf. nursing diagnosis vs medical diagnosis quizlet. nursing diagnosis vs medical diagnosis examples

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