

High Blood Pressure

Identify abnormal blood pressure using the patient's gender, age and height. Use [blood pressure tables \(Tables 3, 4 and 5\) in the 2017 Clinical Practice Guidelines](#) (<https://pediatrics.aappublications.org/content/140/3/e20171904/tab-figures-data#fig-data-tables>)

NOTE: We do not see patients for hypertension who are 18 years of age or older, unless they are being followed at Seattle Children's for another chronic condition (diabetes, cancer, congenital heart disease, etc.). If the patient you are considering referring is or will be past their 18th birthday by the anticipated appointment date, please do NOT refer; instead, refer to a family practice or internal medicine provider.

What you can do:

- Since blood pressure in children and adolescents is labile, readings should be elevated for at least three encounters before a diagnosis of hypertension is made.
- If blood pressure is high using an automated device, **two manual readings should be taken and averaged** to confirm the blood pressure elevation.
- Ensure that the blood pressure cuff is large enough: the bladder area of the cuff should encircle 80% to 100% of the circumference of the arm; remember to use a bare arm. For more information: [2017 AAP Clinical Practice Guidelines](#) (<https://pediatrics.aappublications.org/content/140/3/e20171904.long>).

Initiate a routine referral to the Pediatric Hypertension Program when:

- Manual blood pressure is persistently at or above the 95th percentile for age and height or $\geq 130/80$ for those ≥ 13 years.
- Elevated manual blood pressure (≥ 90 th percentile or $\geq 120/80$) in a child with diabetes or a known risk factor for kidney disease (recurrent urinary tract infection [UTI], etc.)

Urgent referral requested:

- Extremely high blood pressure readings (30 mm Hg, ≥ 95 th percentile or $\geq 160/100$ for ≥ 13 years)
- Any hypertensive-level blood pressure plus symptoms such as:
 - Severe headache
 - Blurred vision
 - Edema
 - Nausea and vomiting

A same-day or next-day appointment may be appropriate. Please call the on-call nephrologist using Seattle Children's Provider-to-Provider Line at 206-987-7777 to discuss the case and arrange for a timely referral.

What you can send:

- All pertinent blood pressure readings.
- If the family has obtained blood pressure readings at home and school, please encourage them to bring them to the appointment.

Tips for an effective visit:

- Talk with your patient and family about the reason for the referral and the questions to be answered.
- Our providers appreciate having the information ahead of time.

The above clinical data are not required prior to the visit, but if they have been obtained, please fax the results prior to the appointment to 206-985-3121. Our Provider-to-Provider Line is available 24/7 at 206-987-7777.