

University of Wisconsin Department of Family Medicine – Residency Clinics
CLINICAL POLICY AND PROCEDURE

Title: Blood Pressure Check Only Visit

Effective Date: April 22, 2008

Approval: Vice Chair of Clinical Care

Supersedes: none

Contact: Director of Clinical Care Services

Reviewed	<u>6/11/09</u>			

SCOPE: Applies to all DFM residency and UWMF clinics.

PURPOSE:

To provide guidelines for service and care to a person receiving a blood pressure/ pulse only visit at a UW Health Clinic.

POLICY:

New Patients

To provide optimal, quality care to our patients, any patient requesting a BP only check and is **new** to UW Health must have a scheduled appointment with a provider. The new patient will be registered and billed the appropriate charge based on the care rendered.

Immediate Care

All patients presenting to Immediate Care (regardless if they are new or established) will be registered and managed by a provider. An encounter will be started and the patient billed for the visit. Patients will be unable to receive a BP only check at Immediate Care.

Established Patients

Established patients can be scheduled for a BP only visit with a MA/LPN/RN. The following guidelines should be followed:

Blood Pressure/Pulse Protocol Algorithm- Established Patients

Patients will have an appointment with a RN/LPN/MA

** Patient may be seen at another primary care clinic location if arrangements are made ahead of time (primary care provider to communicate to receiving clinic what guidelines should be followed re. management of the patient)

Scenario/BP Reading	BP/Pulse within goal parameters (as established by the PCP)	BP/Pulse outside of goal parameters (as established by PCP).	BP/Pulse outside of goal parameters (as established by PCP).
Care Management	Provide patient with BP/Pulse reading	RN/LPN/MA reviews reading and presenting symptoms with a provider. Patient's medications adjusted, education provided, etc. Intervention lasts approximately 5 minutes or less	RN/LPN/MA reviews reading and presenting symptoms with a provider. Provider evaluates patient and adjusts care plan, etc.
Documentation	<p>Chief Complaint: 15 Blood Pressure F/U Vital Signs: Enter Allergies: Reviewed Medications: Reviewed Progress Note: .NNBPCHECK Indicate intervention steps Diagnosis: 401.9 Unspecified essential hypertension 401.1 Essential hypertension, benign 401.0 Essential hypertension, malignant 796.2 Elevated blood pressure reading without diagnosis of hypertension LOS: 09211</p>	<p>Chief Complaint: 15 Blood Pressure F/U Vital Signs: Enter Allergies: Reviewed Medications: Reviewed Progress Note: .NNBPCHECK Indicate intervention steps Diagnosis: 401.9 Unspecified essential hypertension 401.1 Essential hypertension, benign 401.0 Essential hypertension, malignant 796.2 Elevated blood pressure reading without diagnosis of hypertension LOS: 99211</p>	<p>From Epic Schedule, click “Change Provider” Enter new provider (MD, PA, NP) Chief Complaint: 15 Blood Pressure F/U Vital Signs: Enter Allergies: Reviewed Medications: Reviewed Progress Note: .NNBPCHECK Indicate intervention steps Provider may use SmartSet #46: HTN, Primary Diagnosis: 401.9 Unspecified essential hypertension 401.1 Essential hypertension, benign 401.0 Essential hypertension, malignant 796.2 Elevated blood pressure reading without diagnosis of hypertension LOS: 99212-99215 (as appropriate)</p>
Billing Procedure	Nurse appointment 09211 No Charge	Nurse appointment 99211 Level One Nurse Visit	Billable Provider Charge

NNBPCHECK:

fname presents for a blood pressure check.

Currently taking medications as prescribed? {Yes ***, No, ***, NA}

Any medication adverse side effects? {Yes ***, No, ***, NA}

Healthcare behaviors:

Salt: {not watching, limiting, ***)

Processed food: {not watching, limiting, ***)

Alcohol use: {Yes;***, none, ***)

Exercise: {Yes;***, none, ***)

At home blood pressure readings: {Yes;***, none, ***)

Intervention: {None needed; Dr. _____ consulted and patient instructed to schedule appt in _____; Dr. _____ consulted and medications changed as follows: ***, ***)

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APPROVED BY: UW Health Primary Care Committee; DFM Clinical Care Committee

AUTHORIZATION:



6/30/2008

Vice Chair of Clinical Care

Date