

Any patient visiting the village doctor for any reason



Screening

1. Ask about current symptoms
2. Ask about disease history (stroke, CHD, hypertension, diabetes)
3. Measure blood pressure when necessary

Other patients

CVD high-risk patients

1. stroke or CHD *or*
2. Age 50+(male)/60+(female) and has diabetes *or*
3. Age 50+(male)/60+(female) and SBP ≥ 160 mmHg

Patients require urgent management

1. Symptoms suggestive of cardiovascular disease
2. SBP ≥ 200 mmHg

Usual care

Initiate Management

1. Establish case management record
2. Ask about current medication use
3. Ask about current lifestyle, and provide lifestyle advice and health education materials
4. If SBP ≥ 140 mmHg begin antihypertensive medication
5. If positive history of cardiovascular disease + no hemorrhagic stroke + no other contraindications, begin aspirin

Urgent management + referral

1. Lower BP if SBP ≥ 160 mmHg, observe for one hour, then refer
2. All other conditions, refer directly

Follow-up & Management (at monthly clinic visits)

1. Measure blood pressure
2. Ask about new symptoms, or newly onset of stroke, coronary disease, hypertension, diabetes)
3. Ask about lifestyle changes
4. Ask about medication use (antihypertensive medication, aspirin)
5. Fill out case management record

Satisfactory outcomes:

SBP < 140 mmHg

Unsatisfactory outcomes

1. SBP ≥ 140 mmHg, *or*
2. Non-use of aspirin, *or*
3. Continuing unhealthy lifestyle, e.g. smoking

New medical conditions:

1. New symptoms indicative of acute cardiovascular disease
2. SBP ≥ 200 mmHg

Maintain care

Intensify management*

1. If SBP ≥ 140 mmHg, increase number or dosage of antihypertensive medication
2. Emphasize importance of taking aspirin if indicated
3. Intensify lifestyle intervention if required

Urgent management + referral

1. Lower BP to 160 mmHg or lower, observe for one hour, then refer
2. All other conditions, refer