

Specification for HYPERTENSION REPORTS



The European Regulations and UK CAA's Guidance Material for fitness decision, acceptable treatments and required investigations (if specified) can be found in the medical section of the CAA website (www.caa.co.uk/medical). For many conditions, there are also flow charts available for guidance on the assessment process.

The following subheadings are for guidance purposes only and should not be taken as an exhaustive list.

1. Diagnoses

2. History

- Presenting symptoms
- Nature of condition, circumstances surrounding onset, precipitating factors
- Other relevant medical history (e.g. diabetes)

3. Examination and Investigation Findings

- Blood Pressure stabilised within acceptable parameters (British Hypertension Guidelines)
 - Three BP readings each taken more than 18 hrs apart **or** a 24 hr BP recording. Readings should be taken no sooner than two weeks after commencing anti-hypertensive medication.
- Blood Tests
 - Urea and Electrolyte
 - Liver and Renal Function (eGFR)
 - Lipid Profile - serum total cholesterol and HDL cholesterol
 - Plasma glucose
- Confirmation of no end organ damage
 - Renal disease
 1. Urinalysis (albumin, creatinine ratio and haematuria)
 - Hypertensive retinopathy
- Cardiovascular risk assessment
 - Family history, smoking, alcohol history, weight (BMI)
 - Resting ECG
 - Exercise Tolerance Test Report where indicated (e.g. Class 1 multiple risk factors)
 1. Protocol used (e.g. CAA protocol - Symptom limited Bruce Protocol off cardioactive medication as directed by the investigating cardiologist)
 2. Walking time
 3. Symptoms experienced
 4. ECG changes
 5. Summary & conclusions
 - Echocardiogram where indicated
 1. Valve structure & function
 2. Standard chamber dimensions
 3. Ejection Fraction (indicate measurement technique)
 4. Summary & conclusions

Where investigations are abnormal or borderline the hard copy traces/images are likely to be required for review.

4. Treatment

- Current and recent past medication (dose, frequency, start date)
- Confirmation no side effects from medication
- Lifestyle interventions

5. Follow up and further investigations/referrals planned or recommended

- Plan of management and anticipated follow up

6. Clinical Implications

- Any concerns regarding disease progression, treatment compliance or risk of sudden incapacity.