

## Medication Reference List for Staff-led Hypertension Visits

The table below can be used by nurses and other staff during follow-up hypertension visits to monitor for side effects and determine whether lab work is needed based on the medication class being used.

### COMMONLY ASSOCIATED SIDE EFFECTS OF BLOOD PRESSURE MEDICATIONS

Medication class (generic names of individual medications)	Common side effects	Needs metabolic panel if started or increased this med class
Diuretics (e.g. Hydrochlorothiazide, chlorthalidone)	Increased urination (often goes away if use daily for several weeks), rash, low potassium	Yes
ACE-inhibitors (e.g. lisinopril, enalapril, benazepril)	Dry cough, increased potassium, increased creatinine	Yes
Angiotensin receptor blockers (e.g. losartan, valsartan)	Increased potassium, increased creatinine	Yes
Combinations which include an ACE-I, ARB, or diuretic	See side effects under individual classes	Yes
Aldosterone antagonist (e.g. spironolactone)	Increased potassium, increased creatinine, gynecomastia	Yes
Calcium channel blockers (e.g. amlodipine, verapamil, diltiazem)	Ankle edema (amlodipine), slow heart rate (verapamil, diltiazem)	No
Beta blockers (e.g. metoprolol, atenolol, carvedilol)	Fatigue (usually gets better after several weeks), slowed heart rate (watch for pulse <60)	No
Alpha Blockers (e.g., doxazosin, prazosin, terazosin)	Orthostatic hypotension	No
Centrally Acting $\alpha$ -2 Adrenergic Agonist (e.g., clonidine, guanfacine)	Sedation, dry mouth	No
Vasodilators (e.g., hydralazine, minoxidil)	Headache, edema, tachycardia	No

Abbreviations: ACE-I =Angiotensin converting enzyme inhibitor, ARB=angiotensin receptor blocker