## Questions to Ask / Necessary Information

1. Did you take your medication today?
2. Have there been any recent changes in your medications?

## Risk for Medical Emergency

Request patient inform you if they feel as though their blood pressure is increasing or if they are getting a headache feel dizzy or experience tinnitus. Some patients feel jittery, others feel as though there is increased pressure behind the eyes.

Angina, MI or stroke may occur during routine delivery of dental care of patient with uncontrolled HTN.

## Pertinent Laboratory Information

No labs required for patients with diagnosed hypertension prior to dental procedures.

## Management For Dental Treatment

- **Preoperative**
  1. Measure blood pressure and review health status to include all medications.
  2. Refer/encourage patient to see physician if BP is elevated.
  3. Minimize stress; might consider oral sedative premedication.
  4. **For patients with BP less than 180/110, and no evidence of target organ involvement (i.e. encephalopathy, MI, unstable angina) any dental treatment may be provided**
  5. **For patients with BP greater than 180/110, defer elective dental care.**

- **During Treatment**
  1. Provide local anesthesia of excellent quality.
  2. For patients on nonselective beta blocker, limit epinephrine to no more than 2 cartridges of 1:100,000 epinephrine.
  3. Avoid epinephrine-containing gingival retraction cord.
  4. For patients with upper level stage 2 hypertension (160/100), consider intraoperative monitoring of BP, and terminate appointment if BP reaches 180/110.

- **Postoperative**
  1. Make slow changes in chair position to avoid orthostatic hypotension.
  2. Ensure patient’s vitals are stable prior to dismissal.
  3. Record pre- and post-operative vitals in Axium.
  4. Use caution when prescribing post-operative antibiotics as some can interact with antihypertensive medications and enhance hypotension.
**Oral Manifestations**

Oral complications are not typically associated with hypertension itself. Conversely, medications used to treat hypertension can present oral manifestations as noted below:

- Calcium channel blockers – gingival overgrowth
- ACEIs – neutropenia, delayed healing, gingival bleeding, oral burning, angioedema and persistent cough.
- Diuretics – dry mouth
- Thiazides, methyldopa, propranolol and labetalol – Lichenoid reactions
- Mercurial diuretics – oral lesion associated with an allergic or toxic base

**References**