
**Physicians, Residents & Midlevel Providers**
- Not always present to evaluate patient for other causes of hypertension
- Limited information over phone or page
- PRN IV orders for convenience
- Tardiness of medication reconciliation

**Nursing Staff**
- Limited information relayed to provider
- Lack of thorough evaluation of patient prior to contacting provider
- Manual BP measurement technique
- Knowledge when BP levels pose threat
- Tardiness of medication reconciliation

**Pharmacy**
- No check point system to review IVAH orders or indications
- Lack of communication with provider to offer alternative treatment options
- No evaluation of patient vitals/BP prior to dispensing medications

**Problem Areas Leading to Increased Use of IVAH Without Indication**

**Reasoning & System**
- Lack of published guidelines for the treatment of asymptomatic hypertension
- Lack of hospital policy
- No regulation of IVAH use
- No alert to suggest alternative drug option or evaluation of patient

**Admission Process**
- No order of priorities on admission
- Lack of prompt medication reconciliation completion by first nurse and then provider. Multi-step process.
- Medication reconciliation accuracy.

**Knowledge**
- Lack of knowledge regarding dangers of IVAHs and clear indications for IVAH use.
- Lack of education to promote patient safety when evaluating and treating asymptomatic hypertension.