Blood Pressure Stroke Risk Chart

Use this chart to classify a blood pressure reading, read the stroke risk tier that goes with it, and record the action you took. Categories follow the 2017 ACC/AHA hypertension guideline. **Where the systolic and diastolic values fall in different rows, the higher category applies.**

BLOOD PRESSURE CATEGORY TO STROKE RISK

Category	Systolic (mmHg)	Diastolic (mmHg)	Stroke risk	Recommended clinical action
Normal	Under 120	and under 80	**Baseline** ●○○○○	Reinforce lifestyle measures. Recheck at the next routine visit.
Elevated	120 to 129	and under 80	**Slightly raised** ●●○○○	Counsel on sodium, weight, alcohol and activity. Recheck in 3 to 6 months.
Stage 1 hypertension	130 to 139	or 80 to 89	**Raised** ●●●○○	Confirm with repeat or home readings. Start lifestyle change, and add drug therapy where 10-year cardiovascular risk is 10% or above. Review in 3 to 6 months.
Stage 2 hypertension	140 or higher	or 90 or higher	**High** ●●●●○	Start antihypertensive therapy, usually two agents from different classes. Review within 1 month.
Hypertensive crisis	180 or higher	or 120 or higher	**Immediate** ●●●●●	Repeat after 5 minutes of rest. With symptoms of end-organ damage, arrange emergency care now. Without symptoms, arrange same-day clinician review.

HOW TO TAKE THE READING

1. **Seat the patient.** Feet flat, back supported, arm at heart level, resting for at least 5 minutes.
2. **Use a calibrated cuff.** Correct cuff size for the arm. Avoid a single reading taken in passing.
3. **Record both numbers.** Write systolic over diastolic, for example 138/85, with the time and the arm used.
4. **Read the category.** Find the row the reading falls in. Where systolic and diastolic differ, the higher category applies.
5. **Document and follow up.** Log the category, the stroke risk tier and the action taken, then book the follow-up interval.

ESCALATION AT 180/120 OR ABOVE

With symptoms. Chest pain, breathlessness, severe headache, vision change, facial droop, arm weakness or speech difficulty means a hypertensive emergency. Arrange emergency care immediately and document the time of onset.

Without symptoms. Repeat the reading after 5 minutes of rest, review medication adherence, and arrange clinician review the same day rather than at the next scheduled appointment.

Acute stroke units. Permissive hypertension may apply after ischaemic stroke, so unit protocol overrides this chart.

SERIAL READING LOG

Date	Time	Systolic	Diastolic	Category / risk tier	Action taken	Recorded by

NOTES

Reviewed by: _____ Role: _____ Date reviewed: _____

This chart is a reference aid, not a substitute for clinical judgment or your own practice protocols. Blood pressure categories and thresholds: 2017 ACC/AHA guideline for the prevention, detection, evaluation and management of high blood pressure in adults. Stroke risk tiers are relative labels for triage and patient education, not individual risk scores. Customize this form for your practice before use, and keep the completed copy in the patient record.