Standard Operating Procedure for follow up and control of Hypertensive and Diabetic patients.

A. SOP for Follow-up of registered Hypertensive/Diabetic patients

For successful completion of the follow-up of Hypertensive and Diabetic patients, the following steps are to be ensured by CHOs/MPWs in HSC - AAMs and MOs at PHC.

- Download the **treatment status report** from the report section of the NCD portal. In the downloaded excel sheet create filter in the column "S" which is labelled as "HTN treatment status". Filter out all "missed visit" patients from the entire line list. Save it and take print out. Complete this activity on **7th of every month**.
- **Segregate** the patients according to ASHAs' area and distribute it to ASHAs immediately.
- **ASHA** will ensure **household visits** to all missed visit hypertensive/Diabetes patients and enquire about regular consumption of the prescribed drugs and general wellbeing of the patients along with mobilizing the patients to the respective health facilities for follow up. After visiting ASHA must update her visit on the NCD Application and synchronize the app from time to time.
- **ASHA** will ensure that all her missed patients have been mobilized and updated in the NCD Application by **25th of the month**.
- **On 25th of the month, CHOs/MPWs in HSC - AAMs and MOs at PHC** will check whether all missed visit patients have turned up for the follow up (**cross check with the excel sheet**) at the SHC/PHC. She/he will contact the remaining patients who have not visited the HSC/PHC and motivate them to come by the end of the month.
- During the follow up visit of patients at the health center, **CHOs/MPWs in HSC – AAMs and MOs at PHC** will measure Blood Pressure and Blood sugar and fill the values Systolic BP, Diastolic BP for hypertensive patients and Random blood sugar value (by CHOs/MPWs) or Fasting Blood Sugar or Post -Prandial Blood Sugar or Random Blood Sugar by MOs at PHC on the NCD portal.
- Hypertensive Patients will be considered as **controlled** if the **SBP value is less than 140 mm Hg** and **DBP value is less than 90 mm Hg**
- Diabetic patients will be considered as **controlled** if the **FBS value is less than 126 mg/dl or PP/RBS value is less than 200 mg/dl.**
- **CHOs/MPWs in HSC and MOs at PHC** will ensure that all patients coming for the follow-up should receive **30 days of medication** for both the conditions.
- **CHOs/MPWs in HSC and MOs at PHC and ASHAs** will ensure that all hypertensive and diabetic patients receive counselling regarding lifestyle modification, tobacco cessation and medicine adherence as necessary part of follow up activity as given below:

Lifestyle Component	Key Recommendations
Healthy Diet	≥400 g fruits & vegetables/day; whole grains; reduce salt <5 g/day; limit sugar, saturated/trans fats.
Physical Activity	150–300 min/week moderate or 75–150 min vigorous activity; muscle strengthening ≥2 days/week; reduce sitting.
Tobacco	Stop all tobacco use; avoid second-hand smoke.
Alcohol	Avoid or minimize alcohol consumption.
Healthy Weight	Maintain BMI 18.5–24.9 kg/m² with balanced diet and activity.
Stress Management	Practice yoga, meditation, deep breathing; seek help if needed.
Sleep	7–9 hours of quality sleep nightly.
Health Check-ups	Regular BP, blood glucose, BMI, and cancer screening (as per NP-NCD).
Medication Adherence	Take medicine regularly and attend follow-up visits.

- Follow up is mandatory even if the patients are visiting /taking medications from **private providers**. For these patients at least one follow-up visit is mandatory in three months.
- Incentives for follow-up:
  - **70% or more patients followed up** (denominator is the total undertreatment patients for HTN/DM)**, Indicator 6b & 7b of PLI**
  - HTN patients-the CHO/MPW/ASHA will receive monthly incentive of Rs.600, Rs.60, Rs.35, respectively.
  - DM patients-the CHO/MPW/ASHA will receive monthly incentive of Rs.600, Rs.60, Rs.35, respectively
- **Over and above to this, an ASHA will get Rs 50/- incentive** if a particular patient of Hypertension and/or Diabetes has got his Blood Pressure and Blood Sugar checked at HSC/PHC or other Higher Health Institutions at least twice in 6 months which is also recorded on the National NCD portal/Application.

B. SOP for patients having Uncontrolled Blood Pressure/Blood Sugar

Achieving Blood Pressure and Blood Sugar control of the patients who are on regular follow-up is necessary to prevent complication and increase life expectancy of patients.

- **CHOs/MPWs in HSC - AAMs and MOs at PHC** should download the “treatment status Report” in report section of the portal and create a filter in column “T” to get list of **uncontrolled hypertensive** patients and column “X” to get list of **uncontrolled DM** patients.
- **CHOs/MPWs /MOs** should also keep the uncontrolled patient’s list and during the follow up visit of the patients she/he should check the following:
  - check the **medicine compliance** by cross checking whether patient is taking all the prescribed medicines in prescribed doses.
  - Measure BP accurately by performing the following steps.

Steps	Recommendations (*adopted from IHCI guidelines)
Conduct BP measurement following the correct steps	• Ensure the patient has **not smoked, consumed caffeine, or exercised within the last 30 minutes**. Ask the patient to empty their bladder if needed. • Allow the patient to **sit quietly for at least 5 minutes** before measuring BP. • Seat the patient with **back support**, **feet flat on the floor**, and **legs uncrossed**. • Support the arm on a table so that the **middle of the upper arm is at heart level**. • Wrap the cuff snugly around the bare upper arm with the **lower edge 2–3 cm above the elbow crease** and align the artery marker over the brachial artery. • The patient and healthcare worker should **not talk** during the measurement. • Use a validated digital BP monitor or a calibrated manual sphygmomanometer.
Patients are compliant with medications and BP measurement is accurate, still having uncontrolled BP	• CHOs in AAMs shall arrange teleconsultation with MO. • MPWs in vacant centers shall refer the patient to an MO/Specialist • MO in Co-located SHC of PHC should modify medication dose following standard treatment Protocol/refer to specialist if necessary.

- **CHOs/MPWs in HSC - AAMs and MOs at PHC should follow the steps mentioned for uncontrolled Diabetic patients:**
  - check the **medicine compliance** by cross checking whether patient is taking all the prescribed medicines in prescribed doses.
  - Check whether the patient is following diabetic diet.
  - Measure the Random Blood Sugar/FBS/PPBS
- If the Blood sugar value is **more than or equal to 200 mg/dl (RBS)** or **more than or equal to 126 mg/dl,** and the patient is compliant with the medicine /following diabetic diet the next steps will be taken –
  - CHOs in AAMs shall arrange teleconsultation with MO.
  - MPWs in vacant centres shall refer the patient to an MO/Specialist
  - MO in Co-located SHC of PHC should modify medication dose following standard treatment Protocol/refer to specialist.
- **For Private patients** who are having **uncontrolled Hypertension and uncontrolled diabetes** should be followed up at HSC/PHC with checking of their Blood Pressure and Blood Sugar by the CHOs/MPWs in HSC and MOs at PHCs.
- **If the private patient is found having uncontrolled Blood Pressure/Blood Sugar, the following steps are to be taken by CHO/MPW/MO-**
  - If the patient wishes to continue with the **private doctor**, tell the patient to visit the **private doctor** and to get the appropriate medications for the uncontrolled Blood Pressure and/or Blood Sugar so that it comes under control.
  - If the patient wishes to **utilize govt services,** then

- CHO to do a teleconsultation for modifying the drugs/dose of the medications.
- MPW will refer the patient to MO or Specialist for the same.
- MO will check the patient and do the drug/dose modification by himself or refer to a specialist for complicated cases.

➢ CHOs/MPWs in HSC and MOs where HSC is collocated at PHCs will **ensure follow-up private patients and NCD portal entry,** even if the patient chooses to go to private doctors.