Hypertension

Antibiotics

Avoid prescribing **erythromycin** and **clarithromycin** to patients taking **calcium channel blockers** (such as amlodipine, diltiazem), due to the risk of severe hypotension.

Local Anesthesia

Use local anesthetic containing **1:100,000 epinephrine (1 or 2 carpules)**.

Avoid levonordefrin injection.

Analgesics

Avoid prolonged use (more than 2 weeks) of **NSAIDs**.

Anxiety

Follow stress management protocols, which include:

- Establishing good communication with the patient
- Scheduling short, morning appointments
- Preoperative sedation with oral anti-anxiety medications (short-acting benzodiazepines such as triazolam 0.125–0.25 mg) administered one hour before the appointment
- Using nitrous oxide-oxygen for additional sedation during the procedure
- Applying topical anesthetic gels prior to injection and ensuring profound anesthesia during the procedure
- Adequate pain control during and after the procedure with appropriate analgesics
- Dentist follow-up with the patient on the evening of the appointment

Bleeding

Excessive bleeding is unlikely.

Respiration

No specific considerations.

Blood Pressure

If blood pressure is less than 180/110 mmHg:

All necessary dental treatments, surgical and non-surgical, can be safely performed.

If blood pressure is 180/110 mmHg or higher:

Dental treatment should be deferred until blood pressure is controlled; emergency dental treatments may be performed if required.

Treatment Tolerance

Blood pressure greater than 180/120 mmHg requires **immediate medical intervention**.

Chair Position

Avoid rapid positional changes due to the risk of orthostatic hypotension.

Medications

Be aware of potential drug interactions between epinephrine and non-selective beta-blockers (e.g., propranolol, timolol).

Avoid using epinephrine-impregnated retraction cord due to the high concentration of epinephrine.

Devices

For patients with blood pressure higher than 160/100 mmHg, periodic blood pressure monitoring during dental procedures is recommended.

Equipment

No special considerations.

Emergencies

No specific issues except in patients with concurrent cardiovascular diseases.

Follow-Up

If necessary.