Sana Medical Protocol — physician edition

Sana Lifestyle Hypertension Program · v0.6 · 24 October 2026 · acknowledged online by the referring physician

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0 · The five things to know

- **Sana Lifestyle coaches lifestyle change using the 2025 American Heart Association / ACC hypertension guideline.** It does not diagnose, treat or make any medical decision, and it never advises on medication.
- **You remain responsible for every medical decision about any patient you refer, and you decide who is suitable.**
- **Unless you write a different target on a patient's instruction sheet, the blood-pressure goal shown to your patient is the AHA goal — below 130/80 — and is labeled as the AHA's,** never as yours.
- **Unless you write a different threshold, a single home reading at or above 180/120 starts the escalation:** the app asks about the seven AHA red-flag symptoms. Any symptom → call 911. No symptoms → if today's BP medicine is still due, take it and re-measure in an hour; otherwise wait at least a minute and re-measure; still at or above → telephone your office now (911 if your office cannot be reached). If you have asked to be kept informed about that patient, your office is notified the same day.
- **If you have asked to be kept informed about a patient, you can view that patient's monthly report in a secure Sana account. It is never emailed.**

These five sentences are the text of the box you tick when you register for patient forms. The rest of this document is the detail behind them.

1 · What acknowledging this protocol means

That the clinical model below is what you intend for the patients you refer. It is not a delegation of care, and it creates no treating relationship between Sana and your patient. Everything patient-specific lives on that patient's **Physician Instruction Sheet (v3.05)** — reproduced front and back in **Appendix A** — which you complete and sign for each patient, and the sheet governs.

Your acknowledgement is recorded when you register (date, time, protocol version and the text you ticked). **No patient is enrolled under your code until that record exists.**

2 · Where clinical content comes from

- **Your instruction sheet** — for anything patient-specific that needs to overrule the AHA guideline.
- **The 2025 AHA/ACC guideline** — for the baseline instructions: sanalifestyle.com/guideline.

This protocol describes how the AHA guideline was implemented in the app your patients will use.

3 · Who may be enrolled

An adult (18+) with elevated blood pressure or hypertension at any stage, whom you choose to enroll; willing to measure at home and use the app, or with a caregiver who assists; has or will buy an **upper-arm** monitor (wrist, finger and cuffless are not suitable); comfortable in English; able to consent.

Any one of these stops enrollment — the sheet says so on its face: blood pressure of 180/120 or higher today · pregnant or planning pregnancy · blood pressure that swings widely (labile) · any condition that makes the standard AHA targets unsafe. *Treatment simply being adjusted is not an exclusion.*

4 · What is coached

The **eleven non-pharmacological interventions in Table 12 of the 2025 AHA/ACC guideline**, plus medication adherence where you have prescribed. **All eleven are on by default; you tick only to exclude.** You never build a program — you only remove what does not suit the patient, and you may add a one-line comment per behavior. **An exclusion is one-way:** Sana cannot put a behavior back; only a new instruction from you can. This is enforced in software.

Heart-healthy eating is coached as a daily card of countable ticks. **Every figure on it is the AHA's own consumer guidance**, on their stated basis — *"daily goals based on a 2,000-calorie/day eating pattern, which may not be appropriate for everyone."* Sana adds no number of its own.

On warfarin, the leafy-greens target is not increased; the AHA's own guidance is followed — keep vitamin K intake steady. **On lithium**, sodium reduction is not coached — a steady salt intake is. Both are printed on the sheet beside the relevant row.

Tobacco is not one of the eleven and is not tracked.

5 · The safety conditions printed on the sheet

Each row of the sheet names the condition under which that behavior is unsafe, and you tick **exclude** where it applies — see the sheet, **Appendix A**. A few ticks do more than remove a row:

- **Heart-healthy eating — a food allergy** (nuts, shellfish, dairy, gluten, soy, legumes, other): that food is removed from everything the patient sees, in the app and from their coach.
- **Cardio · Strength — not safe at the standard target:** either **exclude** the behavior, or **include it with no weekly target** — your tick decides.
- **Isometric handgrip — a reading of 180/120 or higher:** paused automatically until the reading comes down.

- **More potassium — on warfarin:** coaching switches to *keep vitamin K steady*, with no increase.

An **exclude** tick always wins over any target written on the same row.

6 · Blood pressure

Measurement is taught per the guideline: seated, back supported, bare upper arm at heart level, five minutes' rest, two readings a minute apart, each morning at the same time, before 10 am.

Your BP target for this patient is written on the sheet ("Target BP — below ___ / ___"). Left blank, the app uses the AHA goal, **below 130/80**, and labels it as the AHA's.

One automatic alert: any single reading at or above 180 systolic or 120 diastolic. You may write a different pair on the sheet ("Escalation threshold — alert if BP reaches ___ / ___"); blank means the standard applies. Readings below the threshold appear as a trend, not a notification.

The seven red-flag symptoms, taken word for word from the AHA's hypertensive-crisis patient guidance:

> **Chest pain · shortness of breath · back pain · numbness · weakness · change in vision · difficulty speaking**

At or above the threshold, the app walks the patient through one decision:

1. **Any red-flag symptom → call 911 now.**
2. **No symptoms and feeling well → do not act on one reading.** If today's blood-pressure medicine is still due, take it as prescribed and re-measure in **one hour**, to give the medicine time to take effect; otherwise wait **at least a minute** and measure again.
3. **Still at or above → telephone your office now, not tomorrow.** If they cannot reach you, call 911.

The one-minute re-measure follows the AHA's hypertensive-crisis patient guidance. The AHA gives no instruction for the case where a dose is still due; the one-hour wait, to let the medicine take effect, is Sana's operational choice for translating the guideline into the app.

Either way, if you have asked to be kept informed about that patient, your office is notified the same day. Isometric exercise is paused above the threshold until the reading comes down.

7 · Weight

The sheet records a **Target weight (lb / kg — circle the unit)**. Leave it blank and the AHA goal applies — a 5% reduction — labeled as the AHA's. Write a figure and *your* figure governs. The unit is circled, never assumed. A target written above does not override an **exclude** tick on the weight row; the exclusion wins.

8 · When the app sends a patient to your office

These are the only three, and **all three are your instruction, not Sana's**.

	Trigger	What the patient is told	How often
A	At or above threshold, no red flags, still high after re-measuring	Telephone your office now, not tomorrow. If they cannot reach you, call 911	Every time
B	They report running out of a medicine, being unable to afford one, or one making them feel unwell	Call your office. Sana cannot advise about medication	Once per reason in 30 days
C	A symptom that is not one of the seven	Contact your office now, or 911 if it is an emergency	Every time

The seven red-flag symptoms send the patient to **911**, not to your office. Your **office phone number**, given when you register, is what the patient is shown.

9 · Medication

The app does:

- Ask whether today's dose was taken, and record the answer.
- Record a reason when a dose is missed.
- Record a patient-reported change **as patient-reported**.

The app never does:

- Tell a patient when or whether to take a dose, beyond "as your doctor prescribed".
- Alter your instruction on the strength of what a patient says.
- Route a side effect, or anything about medication, to a coach.

A coach may help a patient remember. A coach may never help a patient decide.

Sana does not collect medication **names or doses**. The sheet records **how many times a day** blood-pressure medicine is taken — 0, 1, 2, 3, or a written number above 3 — and nothing further. That count only shapes the adherence prompt; it is never used to advise.

10 · What reaches you

You are kept informed only about the patients you ask about. Tick "Keep me informed" on a patient's sheet, or ask us later, and for that patient you can view one Monthly Clinician Report a month in your own secure Sana account, and Sana emails you *that* a report is ready and *that* a reading has reached the escalation threshold — never the data itself. **Reports are never emailed.** When you register you choose whether that box is pre-ticked on your sheets by default.

Only the patients you have asked to be kept informed about appear in your account. The report states facts and calculations — no narrative, no judgment, no recommendation.

11 · What Sana will never do

Diagnose, or interpret a reading · advise on, adjust, start or stop any medication · contradict or soften your instruction sheet · display a clinical value you did not set, unless it is labeled as the AHA's · put back a behavior you excluded.

The AI assistant is held to the same line in code: on symptom or crisis language it does not attempt advice — it directs the patient to 911 or to you.

12 · The Physician Instruction Sheet

Everything patient-specific is captured on one sheet — the **Physician Instruction Sheet v3.05**, which you complete and sign for each patient. It is reproduced front and back in **Appendix A**; please read it there. An **upper-arm cuff** is required — wrist, finger and cuffless devices are not suitable.

13 · Change control

This protocol and the Physician Instruction Sheet move together. The sheet is the operative document for anything patient-specific; this protocol describes the model behind it. Whenever the sheet version moves, this protocol is re-read and re-issued, and every registered physician is asked to acknowledge the new version before further patients enroll under their code.

The version history is kept in a separate document, *Sana Medical Protocol — version history*.

Questions? Email **info@sanalifestyle.com**.

Sana Lifestyle Ltd · This document describes a lifestyle-coaching model built on the 2025 AHA/ACC hypertension guideline. It is not medical advice and does not create a physician–patient or Sana–patient treating relationship.

Appendix A · The Physician Instruction Sheet (front and back)

Physician Instruction Sheet v3.05 — the form you complete and sign for each patient. Front: the patient's folded flyer and sign-up. Back: the instruction sheet you complete. Rotated so they are large enough to read — turn the page.

Front — patient flyer and sign-up

Sana
LIFESTYLE

Take care of your heart — it takes care of you.



The changes your physician recommends — made simple, one step at a time, with the support to make them stick.

Free program

Physician information
The program, protocol & guideline:
sanalifestyle.com/physicians

Completing this sheet is not a delegation of care, and it creates no treating relationship between Sana and your patient.

Sana Heart Health Program
Based on the 2025 AHA / ACC High Blood Pressure Guideline

Measuring BP at home

The American Heart Association's method — a reading taken any other way can be out by 10 mm Hg or more.



1. **Upper-arm cuff**, right size for your arm. Omron, A&D Medical or Microlife. Not a wrist, finger or watch device.
2. **Before you measure:** morning, after emptying your bladder, before medication or food. No caffeine, smoking or exercise for 30 min. *If it has to wait, don't let your medication wait too.*
3. **Sit** with your back supported, feet flat, legs uncrossed. Rest 5 minutes first.
4. **Cuff on a bare arm**, bottom edge just above the elbow, arm resting on a table so it's level with your heart.
5. **While it reads:** don't talk, use your phone, or watch TV.
6. **Two readings, a minute apart, at the same time each morning.**

Call 911 now

if you have any of these symptoms:

- **chest pain**
- **shortness of breath**
- **weakness or numbness**
- **trouble speaking**
- **a change in vision**

Source: AHA / ACC High Blood Pressure Guideline, 14 Aug 2025 (Table 12; measurement from Figure 4). Exact wording: sanalifestyle.com/guideline. Vessel-lining evidence: Gkaliagkousi et al., J Hypertens 2009;27:2310–2320; Papada et al. (HINTreat), Nutrients 2020.

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Ready to start? It's free.

Here's what you get:

- **Support to make change stick** — personalized to your Change Type, so the plan fits how you change.
- **Daily blood-pressure and activity tracking** in the app — easy, it shows you how.
- **A personal coach** — a welcome call to set you up, then text support any time.
- **Weekly webinars** for knowledge and inspiration.
- **A buddy and support circle** *(optional)* — people like you, on the same journey.

You'll need an upper-arm BP cuff for your daily readings.

Scan the code, or go to
sanalifestyle.com/start

Code: PILOT

About 2 minutes.

Back — the physician instruction sheet you complete

Sana Heart Health Program instructions

Based on the 2025 AHA hypertension guidelines

Patient sign-up
scan, or go to sanalifestyle.com/start · code PILOT

Copy your physician's instructions into the digital form, or upload a photo of this page

PATIENT LEGAL NAME

First name _____

Last name _____

Not suitable if

- BP is 180/120 or higher today
- pregnant or planning pregnancy
- blood pressure swings widely (labile)
- any condition that makes the standard AHA targets unsafe

PLAN

Target BP — below _____/_____
if left blank, AHA guideline of 130/80 is used

BP medicine, times per day: ☐ 0 ☐ 1 ☐ 2 ☐ 3
☐ More than 3 — how many a day? _____

Escalation threshold — alert if BP reaches _____/_____
if left blank, AHA guideline of 180/120 is used

PHYSICIAN

First name _____
Last name _____
Signature _____ Date _____

By signing, I confirm this patient is suitable and this plan is my direction.

☐ **Keep me informed about this patient.**
Email me when their monthly progress report is ready, and when they record a reading at or above the escalation threshold set above. Reports open in a secure Sana account. Patient information is never sent by email.

Your email _____

The change — what to aim for	Impact & limits — avg. drop in systolic BP, mm Hg	Your physician's plan (leave blank to include)
WEIGHT		
Lose weight If above ideal weight, lose at least 5%.	6–8 **Not** if underweight, frail, or losing weight unintentionally.	☐ exclude Comment: _____ Target weight _____ lb / kg (circle unit) · if left blank, AHA target of 5% loss is used
FOOD & DRINK		
DASH diet (plant-rich) More veg, fruit, nuts, whole grains; less sugar & processed.	5–8 **Allergies:** ☐ nuts ☐ (shell)fish ☐ dairy ☐ gluten ☐ soy ☐ legumes	☐ exclude Comment: _____
Less salt Under 2,300 mg sodium a day — under 1,500 is better.	6–8 **Not** if the patient is on lithium — lithium needs a steady salt intake.	☐ exclude Comment: _____
Salt substitute Swap ordinary salt for a potassium salt substitute.	5–7 **Not** in chronic kidney disease (any stage) or hyperkalemia.	☐ exclude Comment: _____
More potassium 3,500–5,000 mg a day from food — leafy greens, beans, potatoes.	6 **Not** in chronic kidney disease (any stage) or hyperkalemia. **WARFARIN** ☐ keep vitamin K (leafy greens) steady, do not increase.	☐ exclude Comment: _____
Less alcohol None is best. Else max 2/day (men), 1/day (women).	4–6	☐ exclude Comment: _____
EXERCISE		
Cardio (Aerobic) Brisk walking, cycling, swimming. 90–150 min a week.	4–8 **Not safe at the standard target?** Tick exclude to drop it, or keep it with no weekly target.	☐ exclude Comment: _____ ☐ Include, no weekly target Comment: _____
Strength (Resistance) Weights, bands or body-weight moves. 90–150 min a week.	2–7 **Not safe at the standard target?** Tick exclude to drop it, or keep it with no weekly target.	☐ exclude Comment: _____ ☐ Include, no weekly target Comment: _____
Isometric Handgrip 4 × 2 min, 3× a week. No gym needed.	5–10 **Not** while a BP reading is 180/120 or higher.	☐ exclude Comment: _____
STRESS		
Meditation Transcendental meditation — two 20-min sessions a day.	5–7	☐ exclude Comment: _____
Slow breathing Device-guided, under 10 breaths a minute, 15 min a day.	5	☐ exclude Comment: _____

Impact = avg. drop in systolic BP, mm Hg in adults **who already have hypertension** — across many people, measured differently, not directly comparable (2025 AHA/ACC, Table 12). The guideline lists **smaller** reductions for people who do not yet have hypertension. **Physician:** tick **exclude** to switch a change off.