

SEVERE HYPERTENSION

An elevated blood pressure reading in emergency patients is not uncommon and usually is not by itself an emergency. The goals of pre-hospital treatment should be focused on the following: prevent a neurologic or cardiovascular catastrophe, rapidly identify those patients who are in a hypertensive crisis and the body system(s) affected or potentially affected, and control symptomatic elevated blood pressure in certain situations.

This protocol is only applicable to patients with hypertensive crisis without signs and symptoms of stroke.

Specific problems such as chest pain, pulmonary edema, and preeclampsia/eclampsia should be treated per appropriate protocols. Drug therapy shall be considered in careful consultation **with the Medical Command Physician.**

- A. Perform **Initial Treatment / Universal Patient Care Protocol**
- B. Systolic BP > 240 mm/Hg and/or Diastolic BP > 120 mm/Hg taken manually and repeated in opposing arms.

Patient may exhibit one or more of the following symptoms:

- 1. Chest pain
 - 2. Seizures
 - 3. Focal motor deficits
 - 4. Changes in mental status
 - 5. Decreased or blurred vision
 - 6. Shortness of breath
 - 7. Headache
- C. Cardiovascular problems such as angina, acute CHF, and aortic dissection may also be the presenting symptoms. Patients with suspected cocaine overdose or alcohol withdrawal may exhibit similar symptoms.

Note: *HYPERTENSION IS ALSO A NEUROPROTECTIVE REFLEX IN THE SETTING OF TRAUMATIC BRAIN INJURY OR INCREASED INTRACRANIAL PRESSURE. GREAT CAUTION MUST BE EXERCISED IN ADMINISTERING ANTI-HYPERTENSIVE AGENTS.*

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- D. Specific symptoms such as chest pain, CHF, etc. should be treated per appropriate protocol.
- E. Treatment goal: reduce MAP by 10 - 15% of initial value. **DO NOT** reduce BP to normal range (i.e. 120 / 80) as it may lead to a decrease in cerebral perfusion.

Measure blood pressure manually every five (5) minutes. If two (2) successive readings have a systolic > 240 or a diastolic >120 mmHg, consider intervention **if symptomatic per MCP order.**

Nitroglycerin

0.4 mg SL every 3 - 5 minutes.

Repeat if BP remains > 200/120 mm/Hg and symptoms remain (max. dose 1.2 mg).



-OR-

Morphine Sulfate

2 - 10 mg IVP or IM