

HYPERTENSIVE CRISIS
PROTOCOL

Purpose: This protocol is for the purpose of assessment and treatment of the patient with a Hypertensive Emergency.

Note: This is characterized by rapid increase in diastolic blood pressure in patients presenting with neurologic abnormalities*.

M B S P

I. Assessment Information

A. History:

1. Past Medical History: hypertension, heart problems, respiratory problems, drug use (especially stimulants)
2. Current History: dizziness, weakness, epistaxis, blurring vision, headache, nausea/vomiting, current medications

B. Specific Objective Findings:

1. Diastolic blood pressure > 130 mmHg
2. *Presence of Neurological Abnormalities; confusion, seizures, transient or persistent focal neurological signs, altered mental status
3. If patient is pregnant, go to Obstetrical Emergencies Protocol.

II. Management

- A. Utilize universal precautions.
- B. Evaluate and maintain the airway, provide oxygenation and support ventilation as needed.
- C. Keep patient quiet.
- D. Obtain vascular access.
- E. Reassess vital signs frequently.
- F. Transport
 1. Consider elevation of the head, if not contraindicated.

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G. Possible orders post-radio contact:

1. Medication administration by physician order only.

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III. Special Considerations

- A. Repeat BP determinations are very important.
- B. Appropriate BP cuff size is very important.
- C. Diastolic BP is more important than systolic pressure.
- D. It is not desirable to precipitously lower blood pressure; in some cases, the elevated blood pressure may be a compensatory response to a hemorrhagic stroke.