

WEST MICHIGAN REGIONAL PROTOCOL

HYPERTENSIVE CRISIS PROTOCOL

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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 of patients presenting with neurologic abnormalities.

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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, and 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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CONTACT MEDICAL CONTROL

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.

5/25/98

