



KEY POINTS:

- Always treat the patient's symptoms, NOT the number!
 - Signs or symptoms of end-organ damage:
 - *Cardiac*: chest pain or discomfort, shortness of breath, pulmonary edema, etc.
 - *Neurologic (stroke)*: positive Cincinnati Stroke Scale (unilateral weakness or difficulty speaking), headache, vision changes, vertigo (“spinning” dizziness)
 - Evidence does not support lowering a blood pressure that is not symptomatic. In fact, evidence shows more adverse events in these patients than those who are simply observed.
 - *Chest Pain/CHF*:
 - Reduction of blood pressure (afterload) will decrease workload on the heart (help potential angina) and improve cardiac output (help pulmonary edema).
 - If any of these symptoms are present AND the blood pressure is > 200 systolic or >120 diastolic, then consider initiating treatment with available medication(s).
 - *Stroke*:
 - **For patients with possible stroke, reduction of blood pressure is NOT generally recommended.**
 - If BP is extremely elevated, **contact medical control to discuss treatment** versus observation/rapid transport.
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- Note: If the SBP > 220 or DBP > 140 and patient has only vague complaints, you may consider a single dose of antihypertensive medication or continue to observe and transport.

QI Review Parameters:

1. {PENDING}