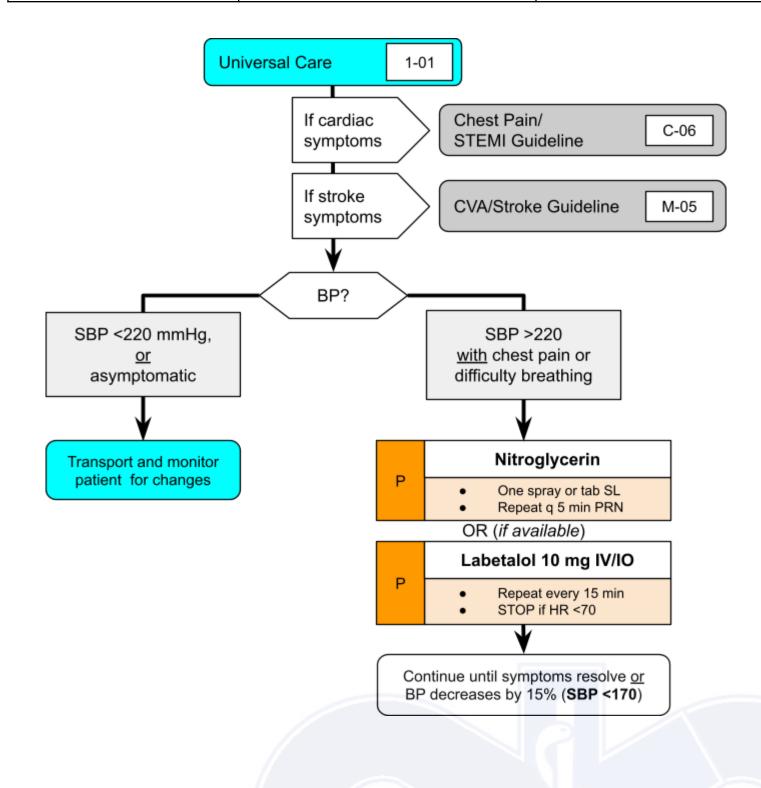
First Responder EMT AEMT



HYPERTENSIVE CRISIS	
	EMT
	AEMT
	Param

## **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.
- <u>Note</u>: 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}