



Hypertensive Crisis

Adult Medical

Austin County
EMS Protocol & Guideline

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Overview: HTN is a common presentation. Patient's presenting with HTN do not routinely require treatment unless associated with signs and symptoms that organ perfusion is compromised and/or complicating other co-morbidities such as CHF and ACS. Generally speaking 20% reduction of the initial BP (systolic or diastolic) is the goal. Primary efforts are to reduce the cardiac stress of hypertensive crisis.

Definition: Any patient with a Systolic BP of 180 mmHg or higher, Diastolic BP of 110 mmHg or higher and/or a MAP of 130 mmHg or higher.

EMT

- Place patient on the **Cardiac Monitor**
- Obtain **12 Lead EKG** – if applicable
- **Oxygen** administration as appropriate to the patient presentation
- **Airway Adjuncts** (Supraglottic Airway, OPA, NPA), EtCO₂ monitoring appropriate to patient presentation
- Obtain **BGL**
- **Identify** Source/Causes

AEMT

- Establish IV of **Normal Saline**

Paramedic

****** Patient must be symptomatic to treat blood pressure******

- **Nitroglycerin: 0.4 mg SL** - May repeat PRN every 5 min
- **Labetalol 10mgs IVP** – May repeat x1 in 10-15 minutes - Do not reduce more than 20% of original BP.
Or
- **Metoprolol 5 mg** - May repeat after 10-15 mins up to a max of 15 mg
- **Nitroglycerin Paste:** 1-2 inches if SBP is greater than 200 mmHg

PEARLS

- DO NOT administer Nitroglycerine in the presence of a suspected CVA (see Stroke CVA protocol)
- Use only the amount of **Oxygen** required in achieving adequate oxygenation.
- Use Nitroglycerine with caution with patients who have taken phosphodiesterase inhibitors (Viagra, Cialis, Etc) in the last 24 hours