2M SYMPTOMATIC HYPERTENSION

PATIENT CARE GOALS

- Treat blood pressure that is persistently greater than 220 systolic or 130 diastolic with signs and symptoms of hypertensive crisis such as severe headache, blurred vision, or chest pain.
- Do not lower blood pressure greater than 25% over the first several hours with a goal of 160/100 over 6 hours.
- Identify and treat underlying causes of hypertension.¹

EMT

- Assess the patient and provide initial care including oxygen and vascular access per 1B General Assessment and Care.¹ Measure blood pressure in both arms.
- 2. Elevate the head 30 degrees if not contraindicated.

PARAMEDIC

- 3. If in pain or nauseated, treat per 1C Pain and Nausea Management
- 4. If systolic blood pressure remains greater than 220 mmHg or diastolic blood pressure is greater than 130 mmHg, contact Medical Control for orders to administer a single trial dose of sublingual nitroglycerin 0.4 mg, to help reduce the patient's blood pressure. Use nitroglycerin with caution; recognize that the hypertensioA may be a protective mechanism secondary to another underlying problem (e.g., increased ICP).
- 5. If additional treatment is needed, contact Medical Control, who may order a **nitroglycerin infusion** at a physician-ordered dosage.

DOCUMENTATION KEY POINTS

- Rationale for treatment.
- Repeated systolic and diastolic blood pressure measurements, including starting and ending readings and associated clinical changes.
- Initial and ongoing assessments, monitoring, interventions, patient response, and complications (if any) encountered.

NOTES

¹ **General treatment considerations:** A hypertensive "urgency" may exist when the diastolic blood pressure is greater than 130 mmHg or systolic blood pressure greater than 220 mm Hg. It may be associated with altered mental status, CNS injury (Cushing's reflex), MI, angina, heart failure, or aortic dissection. Treatment is individualized depending on etiology and associated conditions.