



Jackson Hole Fire/EMS Operations Manual

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Title: **Treatment Protocol:
Hypertensive Emergency**
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HYPERTENSIVE EMERGENCY (Treatment Protocol)

ALL PROVIDERS

- Perform ABC's
- Administer oxygen to maintain oxygen saturation of > 94%
- Elevate head to Semi-Fowler's position
- Perform stroke scale assessment.
- Assess for headache, pulmonary edema, unequal pupils, focal neurological deficits, hemi paresis, or nuchal rigidity.
- History
 - Recent head trauma (within last 7 days)
 - Is patient pregnant? (Pre-eclampsia)
 - Past medical history (DM, CVA, Cardiac disease)
 - Medication history (Antihypertensives?)
- Monitor vitals q 5-10 minutes
- Transport and provide early notification to medical control

ADULT

EMT-BASIC PROVIDER

- Follow as above

PEDIATRIC (<45 kg)

EMT-BASIC PROVIDER

- N/A

EMT-INTERMEDIATE PROVIDER

- If patient is **mildly symptomatic** (headache, dizziness, etc.):
 - Monitor the cardiac rhythm
 - Consider obtaining ETCO2 waveform and numerical value. Treat accordingly
 - Initiate IV access
 - Transport with frequent vital signs

- N/A

EMT-INTERMEDIATE PROVIDER

- If the patient is exhibiting signs or symptoms of **hypertensive emergency**, such as chest pain or pulmonary edema:
 - Monitor the cardiac rhythm
 - Consider obtaining ETCO2

waveform and numerical value.

Treat accordingly

- Initiate IV access
- If diastolic is >130 then administer

Nitroglycerine

- If any neurological deficits are present, contact medical control.
- Recheck BP with the goal being to reduce the BP by 20%
- May repeat nitroglycerine after 5 minutes two times
- ASA if patient is experiencing chest pain or shortness of breath.
- Obtain 12-lead EKG
- Transport with frequent vital signs

EMT-PARAMEDIC PROVIDER

EMT-PARAMEDIC PROVIDER

- Follow as above

- N/A

Special considerations:

- Assess severity of hypertension by assessing the patient for symptoms. It is important to remember that it is more important to treat the patient if they are having symptoms instead of treating the blood pressure.
- Caution should be taken to reduce the blood pressure in a controlled fashion as opposed to rapid reduction.
- Rapid onset of symptoms (coma, hemi paresis) often indicates intracranial hemorrhage or cerebral infarction.
- Hypertension is seen in severe head injury and intra-cranial bleeding and is thought to be a protective response, which maintains perfusion to the brain. Caution should be used if lowering blood pressure.