

SECTION: M-5**PROTOCOL TITLE: Adult Hypertensive Crisis****REVISED: 15 April 2006**

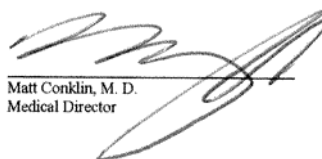
GENERAL COMMENTS: Hypertensive crisis is defined by a systolic BP of ≥ 200 mm/Hg and Diastolic of ≥ 130 mm/Hg, with the presence of altered mental status or other s/s of encephalopathy (e.g. headache, dizziness, visual disturbances).

BLS SPECIFIC CARE: *See adult General Medical Care Protocol M-1*

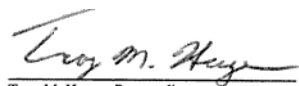
- Administer oxygen (high flow if neurological deficits or altered mental status)
- Place patient in Semi-Fowlers position (head elevated approx. 30 degrees)
- Reduce any noxious stimuli, dim lights, and minimize stimulation.
- Assess patient ability to swallow and cough, maintain airway through suction.
- *Perform Cincinnati stroke scale assessment*
- Obtain bilateral blood pressure readings.

ILS SPECIFIC CARE: *See adult General Medical Care Protocol M-1***ALS SPECIFIC CARE:** *See adult General Medical Care Protocol M-1*

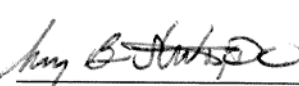
- NTG Spray:
 - SL: 0.4 mg SL spray/tab every 3-5 minutes PRN. **Hold for B/P <160**, Viagra use (or similar drug) within previous 24 hours, or suspected right-sided MI.
- NTG Paste:
 - TD: 0.5-1.5 inches applied topically (TD) to non-hairy area of trunk. **Hold for B/P <160**, Viagra use (or similar drug) with in previous 24 hours, or right sided MI. Wipe off if hypotension develops.
- Morphine Sulfate:
 - IV/IM: 2-5 mg, repeated every 5-10 minutes PRN titrated to B/P and patients neurological status.
 - Max of 20 mg. **Hold for B/P <160.**
- Fentanyl: To be used with allergy to morphine.
 - IV/IM: 25-50 mcg IV, repeated every 5-10 minutes PRN titrated to B/P and patients neurological status. Max of 100 mcg.
- **Furosemide**
 - **IV/IM: 20-80 mg**



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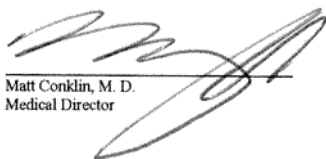
PHYSICIAN PEARLS:

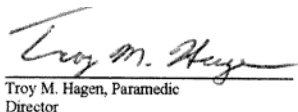
Every effort should be made to distinguish between a true hypertensive crisis and a CVA, as lowering the blood pressure in a CVA could be catastrophic.

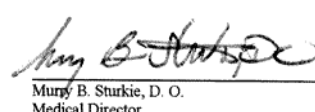
As a general rule, true hypertensive crisis (as opposed to Autonomic Dysreflexia and CVAs, for example) is very rare, affecting less than 1% of patients with chronic HTN. Most hypertensive crisis events are preceded by a history of non-compliance with HTN therapies and chronic poorly controlled HTN. The incident of acute HTN crisis without a history of poorly controlled HTN is exceedingly uncommon, and other causes should be considered.

Depending on the clinical situation, a reasonable goal of therapy is a 25% reduction of the mean arterial pressure or a reduction of diastolic pressure to 100 to 110 mm/Hg.

Assessment	Modified Cincinnati Stroke Assessment Findings
Facial Droop	<p>Normal</p> <ul style="list-style-type: none"> - Both sides of face move equally. - Grimace and grin are equal. <p>Abnormal</p> <ul style="list-style-type: none"> - One side of face does not move with grin or grimace - Droop noted to forehead, corner of eyes, or corner of mouth.
Arm Drift	<p>Normal</p> <ul style="list-style-type: none"> - (With patient's eyes closed) Both arms are kept equal and extended. <p>Abnormal</p> <ul style="list-style-type: none"> - (With patient's eyes closed) One arm drifts compared to the other
Speech	<p>Normal</p> <ul style="list-style-type: none"> - Patient uses correct words with no slurring - Patient says "You can't teach an old dog new tricks" <p>Abnormal:</p> <ul style="list-style-type: none"> - Slurred or Inappropriate Words - Repetitive words - Acute inability to speak


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