

PEORIA AREA EMS SYSTEM
PREHOSPITAL CARE MANUAL

**Hypertensive Crisis
Protocol**

A hypertensive emergency is an elevation of the BP that may result in organ damage or dysfunction. The organs most likely damaged by a hypertensive emergency are the brain, heart and kidneys. Hypertension is also an indication that an underlying condition may exist which is causing the brain to demand more blood from the cardiovascular system. It can also be an indication of head injury with increased ICP, hypoxia or endocrine dysfunction. The goal of treatment is a slow, gradual reduction in BP rather than an abrupt lowering of BP that may cause further neurological complications.

First Responder Care

First Responder Care should be focused on assessing the situation and initiating routine patient care to assure that the patient has a patent airway, is breathing, has a perfusing pulse as well as beginning treatment for shock.

1. Render initial care in accordance with the *Routine Patient Care Protocol*.
2. **Oxygen:** 15 L/min via non-rebreather mask or 6 L/min via nasal cannula if the patient cannot tolerate a mask. Be prepared to support the patient's respirations with BVM if necessary.
3. Check and record vital signs every *5 minutes* until the transporting unit arrives.

BLS Care

BLS Care should be directed at conducting a thorough patient assessment, initiating routine patient care to assure that the patient has a patent airway, is breathing and has a perfusing pulse as well as beginning treatment for shock and preparing the patient for or providing transport.

1. Render initial care in accordance with the *Routine Patient Care Protocol*.
2. **Oxygen:** 6 L/min via nasal cannula if the patient has a patent airway and SpO₂ is >95%. If SpO₂ is <95%, administer oxygen at 15 L/min via non-rebreather mask. Be prepared to support the patient's respirations with BVM if necessary and have suction readily available.

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BLS Care (continued)

3. Initiate ALS intercept if needed and **transport suspected stroke patients without delay**.
4. Check and record vital signs and GCS every *5 minutes*.
5. Contact the receiving hospital as soon as possible.

ILS Care

ILS Care should be directed at continuing or establishing care, conducting a thorough patient assessment, stabilizing the patient's perfusion and preparing for or providing patient transport.

1. Render initial care in accordance with the *Routine Patient Care Protocol*.
2. **Oxygen:** 6 L/min via nasal cannula if the patient has a patent airway and SpO₂ is >95%. If SpO₂ is <95%, administer oxygen at 15 L/min via non-rebreather mask. Be prepared to support the patient's respirations with BVM if necessary and have suction readily available.
3. **Valium:** 5mg IV (**with Medical Control order only**) for seizure activity. May repeat 5mg every *2 minutes* (**with Medical Control order**) to stop seizure activity if indicated.
4. Initiate ALS intercept if needed and **transport suspected stroke patients without delay**.
5. Check and record vital signs and GCS every *5 minutes*.
6. Contact the receiving hospital as soon as possible or Medical Control if necessary.

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ALS Care

ALS Care should be directed at continuing or establishing care, conducting a thorough patient assessment, stabilizing the patient's perfusion and preparing for or providing patient transport.

1. Render initial care in accordance with the *Routine Patient Care Protocol*.
2. **Oxygen:** 6 L/min via nasal cannula if the patient has a patent airway and SpO₂ is >95%. If SpO₂ is <95%, administer oxygen at 15 L/min via non-rebreather mask. Be prepared to support the patient's respirations with BVM (and intubate) if necessary and have suction readily available.
3. **Midazolam (Versed):** 2mg IV over 1 minute for seizure activity. May repeat Midazolam (Versed) 2mg IV every **5 minutes** as needed to a total of 10mg.

OR

Midazolam (Versed): 5mg IM *if the patient is seizing and attempts at IV access have been unsuccessful*. May repeat dose one time in **15 minutes** if the patient is still seizing.

4. **Transport suspected stroke patients without delay.**
5. Check and record vital signs and GCS every **5 minutes**.
6. Contact the receiving hospital as soon as possible.

Critical Thinking Elements

- A patient with a systolic BP > 150mmHg and/or diastolic BP > 90mmHg without neurological deficit should be considered stable.
- A patient with a diastolic BP > 130mmHg with non-traumatic neurological deficits (e.g. visual disturbances, seizure activity, paralysis, ALOC) and/or chest pain/discomfort and/or pulmonary edema should be considered an acute hypertensive crisis.
- Assess for **chest pain/discomfort and/or pulmonary edema**. If present, treat per appropriate protocol.