

**SAGINAW VALLEY  
MEDICAL CONTROL AUTHORITY  
PRACTICE PARAMETER**

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**HYPERTENSIVE EMERGENCY**

**I. Assessment Information**

- A. Specific Objective Findings:
  - 1. Diastolic blood pressure >130 mmHg
  - 2. Presence of Neurologic Abnormalities; Refer to CVA parameter<sup>1</sup>
  - 3. If patient is pregnant, go to Obstetrical Emergencies Protocol.
  - 4. Cardiovascular status: chest pain, dyspnea, ischemic EKG changes.

**FIRST RESPONDER**

**II. Management**

- A. Evaluate and maintain airway, provide oxygenation and support ventilation as needed.
- B. Obtain vital signs(blood pressure, pulse and respiratory rate)
- C. Keep patient quiet

**BASIC LIFE SUPPORT**

- D. Arrange for ALS intercept
- E. Initiate transport toward ALS intercept, if transporting unit.

**ADVANCED LIFE SUPPORT**

- F. **MONITOR EKG.** Acquire 12 Lead EKG, if no delay in transport
- G. **IV NORMAL SALINE @ TKO**

**NOTIFY RECEIVING FACILITY**

- H. Reassess vital signs frequently

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- I. Consider elevation of the head, if not contraindicated.

**CONTACT MEDICAL CONTROL**

- J. Possible orders post-radio contact:
1. Medication administration by physician order only.<sup>2</sup>
    - a. Nitroglycerin SL 0.4mg (1/150) one every 5min titrated to Systolic BP drop of no more than 10-15%.
    - b. Lasix 40mg IVP increments at the discretion of physician and Systolic BP drop of no more than 10-15%.

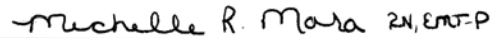
<sup>1</sup> Neurological Abnormalities include confusion, seizures, transient or persistent focal neurological signs and altered mental status.

<sup>2</sup> Decreasing BP too fast or too much is actually dangerous for the patient. It is always preferable to wait to get to the hospital for a controlled environment treatment, unless on-line physician determines otherwise.

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Medical Director



EMS Manager