

	<b>Department Name Address</b>	<b>ALS</b>	<b>Paramedic</b>
		<b>Revision #</b>	
		<b>Implementation Date</b>	
<b>Protocol</b>	<b>2.1.11 Hypertensive Crisis</b>	<b>Last Reviewed/Update Date</b>	
<b>Author / Owner</b>		<b>Medical Director</b>	

Treatment goals of the patient exhibiting signs and symptoms of hypertensive crisis include: rapid assessment, symptomatic treatment, and smooth transport with ongoing assessment of changes in patient condition and stability. Early notification to the receiving emergency department and medical control is important.

1. Baseline care standards.
2. Minimize patient exertion.
3. Position patient with head/torso elevated at all times.
4. Administer oxygen.
5. Begin cardiac monitoring.
6. Initiate IV of Normal Saline TKO.
7. Monitor pulse oximetry.
8. Verify accurate blood pressure values. If blood pressure = 220 systolic or 120 diastolic and symptomatic (severe headache, altered level of consciousness, chest pain, dyspnea without other signs of pulmonary edema, etc.) If CVA is not suspected, proceed with:
  - *Labetolol 10 mg IV* if heart rate is above 55. Monitor vital signs and repeat every 10 minutes until blood pressure decreases to below stated levels (above). If hypertension is not improved after first dose, then proceed with:
  - *Nitroglycerine 5 to 20 mcg/min IV* titrate to blood pressure, or
  - *Nitroglycerine spray 0.4mg SL*. May repeat twice.
9. If any suspicion of CVA, contract medical control prior to treatment of hypertension.
10. Contact the receiving facility as soon as practical.
11. Smooth, efficient transport.

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*Medical Director's Signature*

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*Date*

Disclaimer:

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