



EMT-Paramedic Treatment Protocol 4203

Severe Hypertension

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An elevated blood pressure reading in emergency patients is not uncommon and usually is not by itself an emergency. True hypertensive emergencies are diagnosed on the basis of end-organ damage which is not easily determined in the prehospital setting. Overzealous treatment of elevated blood pressure in hypertensive patients can cause serious complications. Except in extreme cases, patients with isolated elevated blood pressure readings should receive supportive care and expeditious transport to the Emergency Department for further evaluation. Specific problems such as chest pain, pulmonary edema, and preeclampsia/eclampsia should be treated per appropriate protocols. Only when serial markedly elevated readings are obtained should drug therapy be considered with careful consultation **with the medical command physician**.

- A. Perform **MAMP Protocol 4201**.
- B. If chest pain is present, refer to **Chest Pain Protocol 4202**.
- C. If pulmonary edema is present, refer to **Pulmonary Edema Protocol 4303**.
- D. If pre-eclampsia/eclampsia is suspected, refer to **OB/GYN Emergencies Protocol 4608**.
- E. Transport and notify Medical Command.

- F. Measure blood pressure every 5 minutes. If three (3) successive readings have a systolic >250 mm Hg or a diastolic >130 mm Hg, consider nitroglycerine 0.4 mg (1/150 gr.) sublingual **per MCP order**.

