









Hypertension

Medical

CRITERIA

- Patient with systolic blood pressure greater than 240 mmHg and/or diastolic greater than 120 mmHg.
- Patient with chronic essential hypertension and sudden, unexplained, significant increase in blood pressure

PROTOCOL

EMR	Follow <i>General – Universal Patient Care/Initial Patient Contact protocol.</i>	EMR
EMT	Check blood glucose level.	EMT
	If suspected stroke, see <i>Medical – Stroke/TIA protocol.</i>	
	If hypertension with chest pain: see <i>Medical - Chest Pain - Cardiac Suspected protocol.</i>	
	If respiratory distress, see <i>Medical – Respiratory Distress/Asthma/COPD/Croup/Reactive protocol.</i>	

PEARLS

- ⚠ Under most circumstances, attempting to treat hypertension directly in the prehospital setting is unwise. In particular, rapid lowering of BP can critically decrease end-organ perfusion.
- ⚠ Patients with extremely high blood pressure often experience nosebleed. Watch for signs of bleeding and be prepared to manage.