

# Hypertension



## History

- \* Documented Hypertension
- \* Related diseases: Diabetes; CVA; Renal Failure; Cardiac Problems
- \* Medications for Hypertension
- \* Compliance with Hypertensive Medications
- \* Erectile Dysfunction medications
- \* Pregnancy

## Signs and Symptoms

### One of these

- \* Systolic BP 220 or greater
- \* Diastolic BP 120 or greater

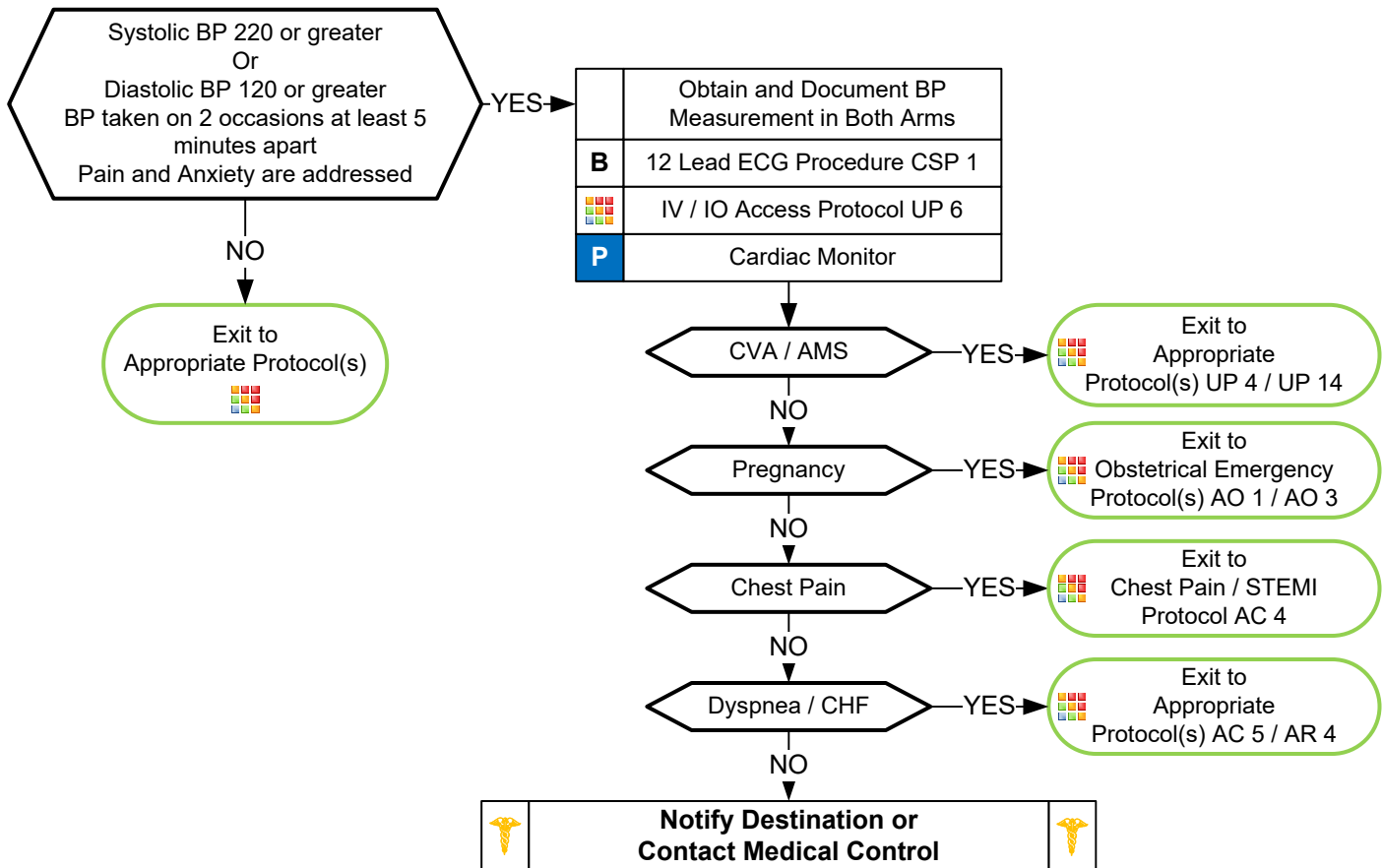
### AND at least one of these

- \* Headache
- \* Chest Pain
- \* Dyspnea
- \* Altered Mental Status
- \* Seizure

## Differential

- \* Hypertensive encephalopathy
- \* Primary CNS Injury  
Cushing's Response with Bradycardia and Hypertension
- \* Myocardial Infarction
- \* Aortic Dissection / Aneurysm
- \* Pre-eclampsia / Eclampsia

Hypertension is not uncommon especially in an emergency setting. Hypertension is usually transient and in response to stress and / or pain. A hypertensive emergency is based on blood pressure along with symptoms which suggest an organ is suffering damage such as MI, CVA or renal failure. This is very difficult to determine in the pre-hospital setting in most cases. Aggressive treatment of hypertension can result in harm. Most patients, even with significant elevation in blood pressure, need only supportive care. Specific complaints such as chest pain, dyspnea, pulmonary edema or altered mental status should be treated based on specific protocols and consultation with Medical Control.



## Pearls

- \* **Recommended Exam: Mental Status, Skin, Neck, Lung, Heart, Abdomen, Back, Extremities, Neuro**
- \* Elevated blood pressure is based on two to three sets of vital signs.
- \* Symptomatic hypertension is typically revealed through end organ dysfunction to the cardiac, CNS or renal systems.
- \* All symptomatic patients with hypertension should be transported with their head elevated at 30 degrees.
- \* Ensure appropriate size blood pressure cuff utilized for body habitus.