

Hypertension: not related to pregnancy

- ABCs
- Oxygen 2-4 l NC ①
- IV NS TKO
- Monitor: SPO₂, Cardiac rhythm, VS
- EKG



Pharmacology: ②

In patients with BP > 180/120 Hg complicated by evidence of impending or progressive target organ damage:

- reduce MAP by no more than 15% an hour
- reduce BP to 160/100 mmHG over several hours.

1. **Labetalol 20 mg IV bolus over 2 min. May repeat 40-80 mg q 10 min. Not to exceed 300 mg total.**
2. **Nicardipine hydrochloride (Cardene) 5 mg/hr. Titrate up by 2.5 mg/hr every 5-15 minutes. Maximum of 15 mg/hr.**
3. **Nitroglycerine IV start at 5 mcg/min and titrate for effect.**



Supportive care and reassurance

Hypertensive Crisis:

Systolic BP > 240 mmHG

Diastolic BP > 130 mmHG And

Symptoms of end organ compromise ie: pulmonary edema, CHF, unstable angina, changes in mental status.

Caution in patients with stroke symptoms because they need a higher CPP.

Maintain a B/P of 200/110

Hypertensive Urgency:

Severe elevation in B/P but without evidence of progressive target organ dysfunction that may benefit from B/P reduction in a few hours. Examples include hypertension associated with severe headache, dyspnea, epistaxis or severe anxiety.

1. Adjust oxygen concentration to patient needs. Consider hypoxic drive in COPD
2. The overall goal in pharmacologic therapy is to reduce the patients blood pressure slowly, no more than 15% in an hour.