

Cardiac
C-12 Hypertensive Emergencies

Revised 3/1/2000

PRIORITIES:

- ABCs
- Airway maintenance, support ventilation, prevent aspiration
- Identify and document progression of neurological deficits:
 - Motor weakness.
 - Speech disturbances, headache, visual problems;
 - Altered mental status.
- Assure an advance life support response;
- Obtain a complete patient history.

Hypertensive Emergencies

An elevation of blood pressure associated with neurologic deficit, altered level of consciousness, chest pain, pulmonary edema, headache or blurred vision, pregnancy.

1. Ensure a patent airway, suction as needed;
2. **OXYGEN THERAPY** – Begin oxygen at 6 liters/minute by nasal cannula or 10 liters/minute by mask. If there is a history of Chronic Obstructive Pulmonary Disease (COPD), observe for respiratory depression and support respiration as needed. **DO NOT** withhold oxygen from a patient in cardiorespiratory distress because of a history of COPD.
3. Sit patient up or elevate head to 45 degrees if awake. Place on left side if patient has an altered mental status, a decreased gag reflex, or if a neurologic deficit is present;
4. Monitor and record vital signs with neurological checks frequently. Take a series of blood pressure measurements (at least every five minutes until ALS transport arrives);
5. Minimize stimulation and noise. Keep patient calm. Darken patient area if possible;
6. Anticipate and treat appropriately for seizures;
7. Assist advanced life support personnel with patient packaging and movement to ambulance.