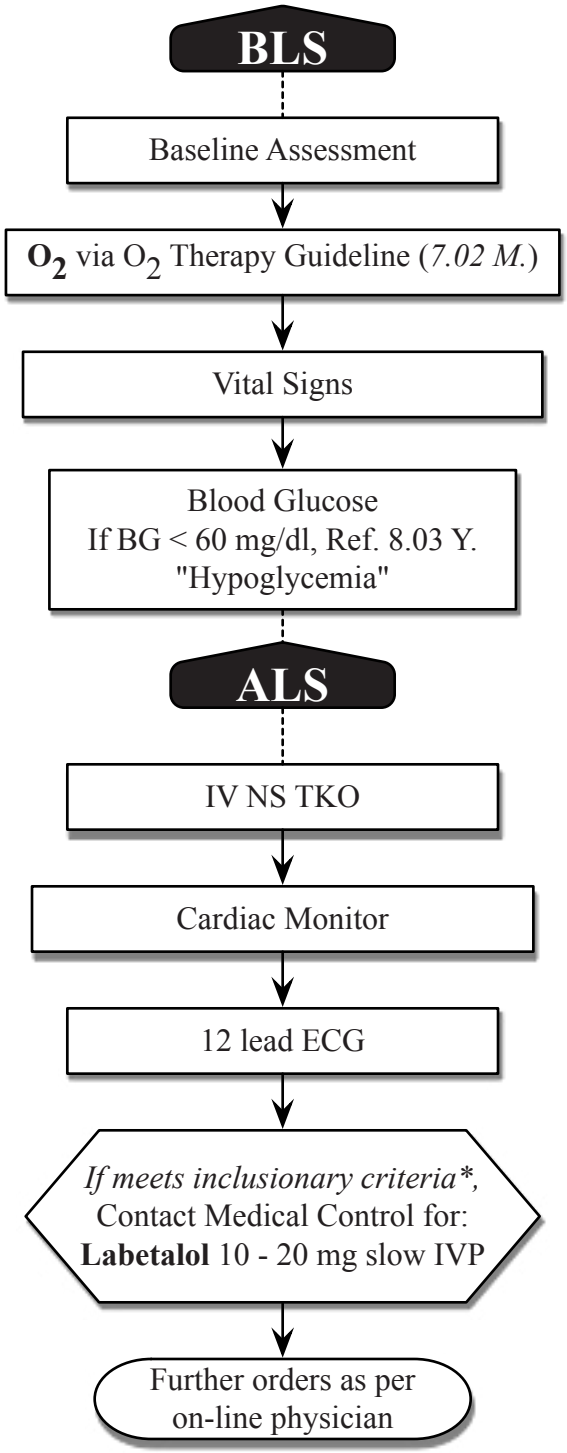
8.03 W. Hypertensive Emergency - ADULT ONLY



Assessment Considerations

1. *Is there a history of hypertension or CVA? Headache? Dizziness? Syncopal episodes? Numbness or tingling in any part of the body?*

2. *Is there any weakness or paralysis on one side of the body? Is there any facial drooping? Aphasia or decreased level of consciousness? If so, consider use of "Stroke (Acute)" guideline (Ref. 8.03 GG.)*

Hypertension is not a disease, but an end result of multiple disease processes. It is important to recognize that an isolated hypertensive reading does not reflect the overall blood pressure status of the patient. While reduction in blood pressure to a "normal" range is important for all patients, acute lowering of the B/P may actually cause further harm to the patient by underperfusing end-organs. ***Asymptomatic HTN does not require treatment.***

The trend in medicine currently is to avoid aggressive lowering of elevated B/P's unless required by evidence of immediate end-organ damage (hemorrhagic stroke, etc.)

* <u>Inclusionary Criteria for Labetalol</u>

Patient Must Meet Each Criteria:

- *Age > 18 years old*
- *SBP > 180 and/or DBP > 120*
- *HR > 60*
- *A symptom of Hypertensive Emergency such as Altered Mental Status, Syncope, Chest Pain (See Note below) or Focal Neurological Deficit*

Patient Must Not Have:

- *Greater than a 1st degree Heart Block*
- *Signs or symptoms of Congestive Heart Failure such as Pulmonary Edema or Rales*
- *Known Cocaine Use*
- *Asthma or history of obstructive airway disease.*

Note : For patients additionally complaining of chest or anginal type pain, treat according to the chest pain guideline initially. For patients whose BP does not decrease with NTG, contact on-line physician for Labetalol consideration.