

**I. General Considerations**

- A. Hypertension in itself is not the primary concern or focus; the problems resulting from the hypertension are the most concerning aspect.
  - B. If the blood pressure is lowered too much or too quickly, it may cause more problems than did the high blood pressure. It is rarely necessary to lower the blood pressure urgently.
  - C. Make certain that blood pressure determinations are done with the proper equipment (i.e., cuff size) and that the equipment is working properly.
  - D. Check the blood pressure in both arms, unless the patient has a dialysis access in an arm. Avoid taking blood pressures and gaining IV access in such an arm.
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**II. History**

Perform a focused history and physical exam with particular attention to:

- A. Determine the onset, progression and duration of the chief complaint and associated symptoms.
  - B. Is there chest discomfort, trouble breathing, headache, or loss of bodily function?
  - C. Obtain the past medical history.
  - D. What medications has the patient been, or is the patient supposed to be, taking (including over the counter medications)?
  - E. Is there any history of trauma (especially head trauma)?
  - F. Does the patient use alcohol or illicit drugs; if so, when was the last time?
  - G. Has the patient experienced a seizure?
  - H. Is there any abdominal or back pain?
  - I. If the patient is female:
    - 1. Determine when the last menstrual period was.
    - 2. Have menstrual periods been regular?
    - 3. Has there been any vaginal bleeding?
  - J. Does the patient have any kidney problems?
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**III. Physical Examination**

- A. Perform an initial assessment.
- B. Perform a focused history and physical exam.
- C. Obtain a baseline set of vital signs, including obtaining the blood pressure in both arms.
- D. Assess the level of consciousness.
- E. Assess the patient's neurological condition.

**Paramedic**

- F. Assess the cardiac rhythm.
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**IV. Treatment**

{If trouble breathing present, see **difficulty breathing** protocol}

{If arrhythmia/dysrhythmia present, see **arrhythmia/dysrhythmia** protocol}

{If chest pain present, see **chest pain** protocol}

{If altered level of consciousness present, see **altered level of consciousness** protocol}

**Basic**

- A. Establish an airway, maintain as indicated, suction as needed.
- B. Administer high concentration oxygen.

## Intermediate

- C. Secure IV access.

## Paramedic

- D Assess and monitor cardiac rhythm; treat arrhythmias/dysrhythmias per applicable protocol. If authorized by medical direction, obtain a 12-lead EKG.
- E. *If medical direction agrees, administer furosemide, 40 - 80 mg slow IV push.*
- F. *If medical direction agrees, administer nitroglycerin 0.4 mg (1 tablet) sublingually every 5 minutes or apply 1 to 2 inches of nitroglycerin paste topically as long as blood pressure remains over 100 mm Hg.*
- G. If hypertension still persists, contact medical direction for an appropriate pharmacologic treatment as indicated.