REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Basic

SMO: Hypertensive Crisis

Overview: A condition in which an increase in blood pressure leads to significant, irreversible end-organ damage (most likely effects the heart, kidneys, and brain) within hours if not managed. End organ damage with neurological changes as evidenced by (headache, confusion, seizures, visual disturbances, lethargy or chest pain) and diastolic BP > 110 mm Hg.

INFORMATION NEEDED
__ History of hypertension
__ Medications taken for hypertension, compliance of medication regime, and last dose.

OBJECTIVE FINDINGS
__ Shortness of breath
__ Altered Mental Status, Vertigo
__ Headache, epistaxis
__ Tinnitus
__ Changes in visual acuity
__ Nausea and vomiting
__ Seizures
__ ECG changes

TREATMENT
__ RMC
__ Keep environment and patient calm.
__ O2 at 2-4 L/ nasal cannula; consider O2 via NRB mask at 100%.
__ Observe for seizures, altered mental status, chest pain, headache, or respiratory difficulties
__ Rapid transport. Consider need for ALS intercept.

Documentation of adherence to protocol:
__ Respiratory status and interventions.
__ Observance of any seizure activity, altered mental status, nausea and vomiting, headache, epistaxis, etc.

PRECAUTIONS AND COMMENTS
- It is not uncommon for blood pressure readings to range from 220/120 to 240/ 140mm Hg in hypertensive crisis.
- Blood pressure must be lowered by 5%- 20% within a few hours of discovery to avoid permanent organ damage.

REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Intermediate, EMT – Paramedic

SMO: Hypertensive Crisis

Overview: A condition in which an increase in blood pressure leads to significant, irreversible end-organ damage (most likely effects the heart, kidneys, and brain) within hours if not managed. End organ damage with neurological changes as evidenced by (headache, confusion, seizures, visual disturbances, lethargy or chest pain) and diastolic BP > 110 mm Hg.

INFORMATION NEEDED
__ History of hypertension
__ Medications taken for hypertension, compliance of medication regime, and last dose.

OBJECTIVE FINDINGS
__ Shortness of breath
__ Altered Mental Status, Vertigo
__ Headache
__ Epistaxis
__ Tinnitus
__ Changes in visual acuity
__ Nausea and vomiting
__ Seizures
__ ECG changes

TREATMENT
__ RMC
__ Keep environment and patient calm.
__ O2 at 2-4 L/ nasal cannula; consider O2 via NRB mask at 100%.
__ IV access at keep open rate.
__ Cardiac monitor.
__ Contact Medical Control and advise them of the patient's blood pressure for further management.
__ Observe for seizures, altered mental status.
__ Observe for seizures, altered mental status, chest pain, headache, or respiratory difficulties
__ Rapid transport. Consider need for ALS intercept.

Documentation of adherence to protocol:
__ Respiratory status and interventions.
__ BP readings and medication interventions; reassessment after interventions.
__ Cardiac rhythm.
__ Observance of any seizure activity, altered mental status, nausea and vomiting, headache, epistaxis, etc.

Medical Control Contact Criteria
__ Contact Medical Control with patient's blood pressure for further management.

PRECAUTIONS AND COMMENTS

- It is not uncommon for blood pressure readings to range from 220/120 to 240/ 140mm Hg in hypertensive crisis.
- Blood pressure must be lowered by 5%- 20% within a few hours of discovery to avoid permanent organ damage.
- IV access should be obtained prior to administration of medications.