

Hypertension

History

- Documented hypertension
- Related diseases: diabetes, CVA renal failure, cardiac
- Medications (compliance ?)
- Erectile dysfunction medication
- Pregnancy
- **SAMPLE**

Signs and Symptoms

One of these

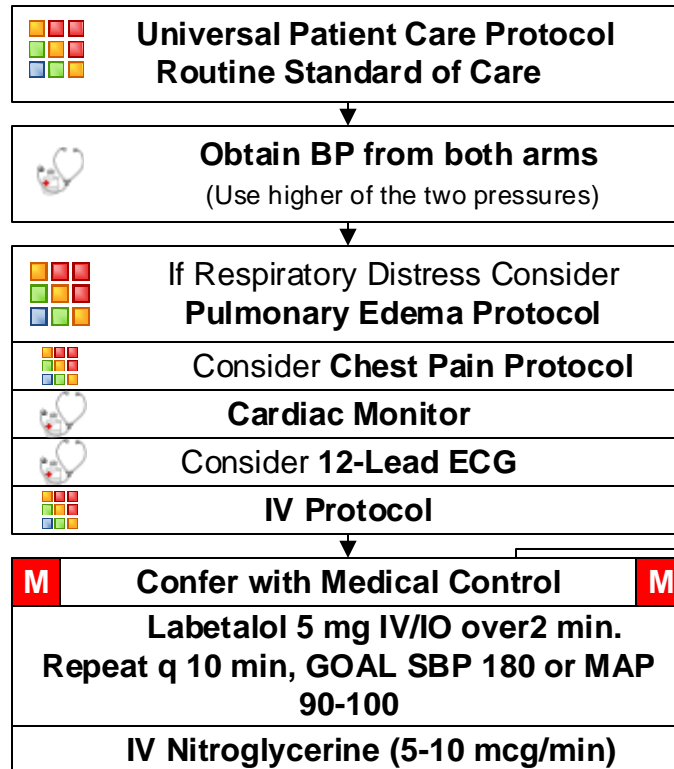
- Systolic BP 200 or greater
- Diastolic BP 120 or greater

AND at least one of these

- Headache
- Nosebleed
- Blurred vision
- Dizziness / Seizure

Differential

- Hypertensive
- encephalopathy
- Primary CNS Injury
- (Cushing's response = bradycardia with hypertension)
- Myocardial infarction
- Aortic dissection (aneurysm)
- Pre-ecampsia / Eclampsia



Pearls

- **Recommended Exam: Mental Status, Skin, Neck, Lung, Heart, Abdomen, Back, Extremities, Neuro**
- **Avoid Nitroglycerin in any patient who has used Viagra or Levitra in the past 24 hours or Cialis in the past 36 hours due to potential severe hypotension.**
- Never treat elevated blood pressure based on one set of vital signs.
- Symptomatic hypertension is typically revealed through end organ damage to the cardiac, CNS or renal systems.
- All symptomatic patients with hypertension should be transported with their head elevated.
- Diastolic pressures and mean arterial pressures (MAP) are much more important in determining danger of severe hypertension than is systolic pressure.
- The goal of treatment is a gradual lowering of the BP over 30-60 minutes to a mean arterial pressure (MAP) of <120mmHg and/or SBP 160mmHg.
- Use Labetalol (Normodyne) cautiously in asthma patients.
- **Flight Precautions: If patient is unstable, consider an increase in cabin pressure or decrease in altitude.**