POLICY: 554.48
TITLE: Hypertension

EFFECTIVE: ~~07/01/2024~~DRAFT
REVIEW: ~~07/2027~~DRAFT
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

HYPERTENSION

I. AUTHORITY
Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9

II. PURPOSE
To serve as a patient treatment standard for EMRs, EMTs, AEMT's, and Paramedics within their scope of practice.

III. PROTOCOL
Malignant Hypertension: BP > 220 systolic or > 120 diastolic when accompanied by signs of serious organ damage such as: coronary ischemic discomfort, pulmonary edema, severe headache, vomiting, altered mental status, seizures, hematuria, and generalized edema.

Pre-Eclampsia & Eclampsia: Pregnancy (usually > 20 weeks) or up to 6 weeks postpartum, BP > 140/110, confusion, headache, tremor, visual disturbances, epigastric pain, coma, or diastolic BP > 100 even in the absence of other findings. Seizure activity indicates progression from pre-eclampsia to eclampsia.

Provider Key: F = First Responder/EMR E = EMT O = EMT Local Optional SOP
P = Paramedic A=Advanced EMT D = Base Hospital Physician Order Required

	F	E	O	A	P	D
ASSESSMENT	X	X	X	X	X	
PULSE OXIMETRY: apply and monitor.		X	X	X	X	
CAPNOGRAPHY: apply and monitor.					X	
OXYGEN: if pulse oximetry <94% or signs respiratory distress or hypoperfusion.	X	X	X	X	X	
ECG MONITOR: lead placement may be delegated. Treat as indicated.					X	
VASCULAR ACCESS: P - IV/IO, AEMT - IV only, rate as indicated				X	X	

Caution should be exercised in stroke victims, especially patients with long-standing high blood pressure. Rapid blood-pressure reduction can aggravate brain ischemia.

Consider:
- 554.09 CORONARY ISCHEMIC CHEST DISCOMFORT
- 554.10 ACUTE PULMONARY EDEMA
- 554.25 ACUTE CEREBROVASCULAR ACCIDENT
- 554.72 PREECLAMPSIA