

Step 1: Evaluate for Evidence of Hypertensive Emergency

- Brain: ICH, PRES, HTN encephalopathy
- Eyes: vision changes, check acuities, flame hemorrhages, papilledema
- Cardiac: AMI, dissection, cardiac strain (EKG changes, elevated trop/BNP)
- Pulmonary: pulmonary edema (often associated w/ diastolic failure)
- Renal: AKI

Step 2: Treatment

Hypertensive Emergency

- Labetalol IV push 10-20 mg
- Hydralazine IV push 10-20 mg
- Nitroglycerin SL/gtt
- Nicardipine gtt

Hypertensive Urgency

- Hydralazine PO or IV 10-20 mg
- Labetalol IV 10-20 mg
- Lisinopril PO 10-20 mg
- Clonidine PO 100 mcg + Amlodipine PO 5 mg
- HCTZ PO 12.5-25 mg
- Restart home meds
- No treatment and PCP follow-up

Step 3: Disposition/Prescriptions

Hypertensive Emergency

- Admit

Hypertensive Urgency- start new medication

- Calcium Channel Blocker (Amlodipine)
- Thiazide (HCTZ)
- ACE/ARB (Lisinopril or Losartan)
- Defer decision to PCP