### 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 with 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