

Hypertensive Crisis



Legend	
	EMR
	EMT
	Intermediate
	Paramedic
	Medical Control

EMR	<ol style="list-style-type: none"> 1. Place patient in a position of comfort. 2. Oxygen: Titrate SpO2 to 94-99% 3. Reassess patient and reassure patient and family. 4. Check and record vital signs every 5 minutes until the transporting unit arrives. Check BP in both arms and assess for different readings. 	EMR
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EMT	<ol style="list-style-type: none"> 1. Continue EMR care. 2. Apply cardiac monitor and obtain 12-lead EKG, if indicated by chief complaint, and transmit to receiving facility (if equipped). It is beyond the scope of the EMT to interpret 12-leads or cardiac rhythms. 3. Initiate ALS intercept, if indicated, and transport suspected stroke patients without delay. 4. Contact receiving hospital as soon as possible or Medical Control if necessary. 	EMT
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I	<ol style="list-style-type: none"> 1. Continue EMT care. 2. Initiate IV of Normal Saline at TKO rate. 3. For seizure activity, see Seizure SMO 4. Consider ALS intercept should the situation warrant additional medication. 	I
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MC	P	<ol style="list-style-type: none"> 1. Continue EMT-I care. 2. For seizure activity, see Seizure SMO. 3. Contact receiving hospital as soon as possible or Medical Control if necessary. <p>*** If BP in one arm has a systolic reading greater than 20 mmHg systolic higher than the other arm, suspect Aortic Dissection.</p>	P	MC
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