Hypertensive Urgency/Emergency

Definition:

Hypertensive Urgency: Severe hypertension (urgencies) are marked elevations of BP, usually higher than 180/110 mmHg. Evidence of target organ damage is often present, but nonprogressive and manifesting symptoms may include headache, shortness of breath, and pedal edema. These patients may be managed with oral medications and do not require ICU admission. Some may be managed as outpatients.

Hypertensive Emergency: Hypertensive emergencies are severe elevations in BP, often higher than 220/140 mmHg, complicated by clinical evidence of progressive target organ dysfunction. These patients require immediate admission and BP reduction (not necessarily to normal ranges) to prevent or limit further target organ damage. Examples include hypertensive encephalopathy, intracranial hemorrhage, acute myocardial infarction, acute left ventricular failure with pulmonary edema, dissecting aneurysm, acute renal failure, and eclampsia of pregnancy. Immediate admission to a monitored unit and parenteral antihypertensive therapy are indicated. It is the clinical state of the patient—in particular, the degree of and/or progression of target organ damage——that defines a hypertensive emergency and not the absolute level of blood pressure.

Hypertensive Emergency: Goal is 25% reduction in mean arterial pressure within the 1st two hours. Over the next 24 hours the goal pressure would be approximately 160/100. Patients with ruptured cerebral aneurysms or dissected thoracic/abdominal aneurysms should not be managed with this order set.