

## HYPERTENSIVE EMERGENCY

**Severe HTN with acute life-threatening end-organ dysfunction (EOD)**

- Life-threatening EOD includes:
- ACS, Acute Pulmonary Oedema, aortic dissection
  - Hypertensive encephalopathy, ICH, stroke, SAH
  - AKI ≥ stage 2
  - Severe Pre-eclampsia/eclampsia,
  - Pheochromocytoma or adrenergic crisis

- Treatment (View Trust Guidelines):
- Admit: ITU / CCU / Stoke immediately
  - Continuous intra-arterial BP monitoring
  - **IV antihypertensive therapy required**
  - Reduce MAP by no more than 20–25% in first 24 hrs
  - **Rapid reduction → infarction / AKI / MI risk**

## MALIGNANT (ACCELERATED) HTN

**Severe HTN and Grade 3/4 retinopathy with no other EOD**

**Guidance is to reduce blood pressure over days to weeks, not for rapid blood pressure reduction**

- **ORAL therapy indicated, NOT IV**
- **AVOID short-acting nifedipine**
- **AVOID ACEi/ARB acutely – risk of precipitous fall**

- Long-acting CCB preferred e.g. amlodipine 5mg, or atenolol 25 mg, or doxazosin
- Escalate to IV labetalol/nicardipine only if oral not feasible or EOD develops
- Refer to ophthalmology for all grade 3/4 retinopathy

## ACUTE SEVERE HTN – TREATMENT (ORAL ONLY)

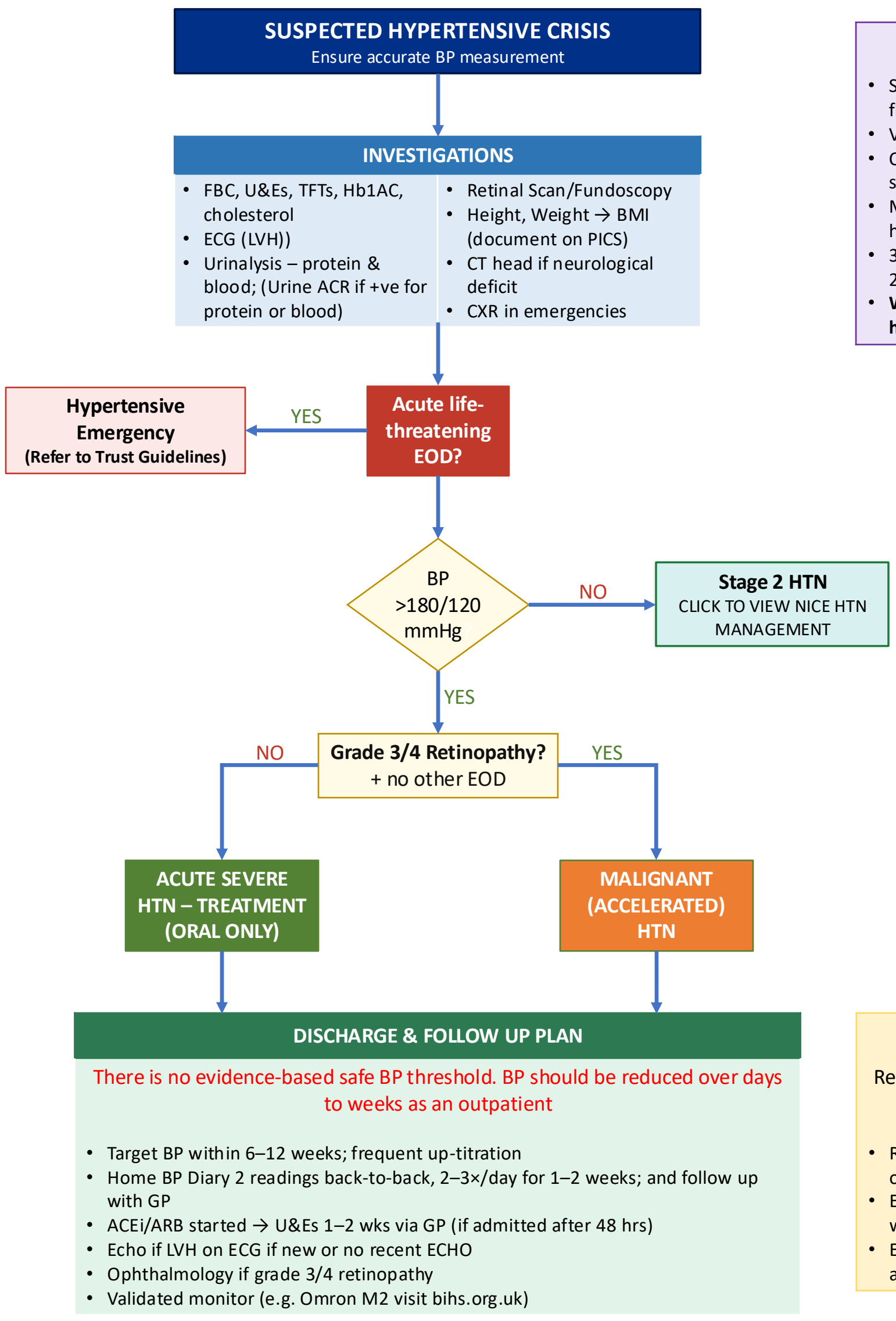
**BP >180/120 mmHg + NO acute life-threatening EOD**

**Guidance is to reduce blood pressure over days to weeks, not for rapid blood pressure reduction**

Patients with known uncontrolled HTN with persistently elevated BP>180/120mmHg are not considered to have acute severe hypertension and do not need admission

- PRE-EXISTING HTN:**
- Up-titrate existing therapy or add agent
  - Check adherence (up to 50% in resistant HTN)
  - Avoid rapid reduction in chronic HTN patients especially with no symptoms

- NEW / FIRST PRESENTATION:**
- Consider home BP monitoring to exclude white-coat HTN
  - Consider treatment first-line options as per NICE
  - T2DM/proteinuria → ACEi or ARB preferred



### Checking Blood Pressure

- Sit quietly 5 min before measuring, Feet flat, legs uncrossed
- Validated device, correct cuff size
- Cuff at heart level; back & arm supported
- Measure both arms at first visit; use highest for subsequent readings
- 3 readings (1–2 min apart); average last 2
- **White-coat effect is common – consider home BP monitoring**

### WHEN TO REFER TO HTN CLINIC

Refer to MSDEC Website for Full details and indication on when to refer

- Refer via PICS (Request > Hypertension outpatient referral)
- Ensure the patient's actual height and weight are documented on PICS
- Estimated height or weights will not be accepted