A. “High Blood Pressure” is rarely a chief complaint, but instead more commonly a physical finding.

B. Hypertension (HTN) is not typically treated in the prehospital environment and frequently not treated acutely in the emergency department.

C. Remember to treat the patient and NOT the number (BP)

D. Blood pressures that are not treated by EMS:
   1. **Transient HTN**: May be seen at times of stress, with pain and anxiety. In these situations, treatment of the underlying cause of the HTN is most appropriate (i.e., respiratory distress: oxygen and aerosol as indicated; anxiety: assurance; pain: pain management) and NOT antihypertensive therapy
   2. **Chronic HTN**: Many patients have long-standing uncontrolled HTN without symptoms. Rapid reduction of BP in these cases may cause more harm than benefit and thus should NOT be initiated
   3. **Stroke**: HTN is a normal physiologic response in stroke patients and is the body’s attempt to improve blood flow to the stroke area. BP should NOT be treated in these patients

E. If a patient with high blood pressure is also complaining of chest pain or pulmonary edema, refer to the Acute Coronary Syndromes and/or Respiratory Emergencies – Pulmonary Edema protocols.
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