



Physician Orders ADULT Hypertensive Crisis Protocol Orders

[R] = will be ordered

T= Today; N = Now (date and time ordered)

Height: _____ cm Weight: _____ kg

Allergies: _____ [] No known allergies

[] Medication allergy(s): _____ for _____

[] Latex allergy [] Other: _____

[R] Hypertensive Crisis Protocol Initiate T;N
Order

Admission/Transfer/Discharge

[X] Notify Physician-Once Notify: Physician, Notify for: patient's Room Number upon arrival to the unit, T;N

Patient Care

NOTE: Physician calculate a 1 hour MAP goal and determine a 6 hour BP goal. 1 hour MAP goal calculation: _____ (Baseline MAP) x 0.75 = Goal of _____ (25% reduction). Enter goals into REQUIRED hemodynamic parameters.

[] Arterial Blood Pressure Monitoring T;N; Mean Arterial Pressure Monitoring

[R] Hemodynamic Parameters 1 Hour MAP Goal. Comments: MAP Goal = _____ Reduce MAP by NO MORE THAN 25% within the first hour of treatment. Reduce MAP gradually without exceeding goal range.

[R] Hemodynamic Parameters 6 Hour BP Goal. Comments: BP Goal = _____ After 1 hour, a 6 hour BP Goal range may be targeted. Reduce BP gradually without exceeding goal range.

[] Vital Signs T;N; If on Nifedipine or Nitroglycerin: P, R, BP q15 min until continuous infusion is titrated off, then q4 hours.

[] Vital Signs If on PO or IV Push meds ONLY: P, R, BP q1 hour X 6 hours then q4 hours.

Nursing Communication

[] Nursing Communication T;N If Nifedipine or Nitroglycerin are ordered, then oral medications should be given after the 6 hour BP goal is achieved. Call MD if PO medications are not ordered. Begin to wean continuous infusion 6 to 12 hours after beginning oral medications.

Continuous Infusion

Choose one continuous infusion antihypertensive medication only for treatment of hypertensive emergency (defined as BP greater than 180/120mmHg with evidence of new end organ damage)

NOTE: Nifedipine is the preferred agent for Hypertensive emergency.

[] Nifedipine drip: 40mg/200ml, IV, Routine, T;N, Titrate, Comment: Start at 5 mg/hr and increase by 2.5 mg/hr as often as every 15 minutes to achieve MAP goal. Maximum dose is 15 mg/hr. Begin to wean continuous infusion 6-12 hours after beginning oral medications.

[] Nitroglycerin (nitroglycerin 50mg/D5W infusion) 50mg/250ml, IV, Routine, T;N, Titrate, Comment: Start at 5 mcg/min and increase by 5 mcg/min as often as every 5 minutes to achieve MAP goal. Maximum dose is 200 mcg/min. Begin to wean continuous infusion 6-12 hours after beginning oral medications.





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Medications		
NOTE: If niCARDipine or NitroGlycerin are ordered, then oral medications should be given after the 6 hour BP goal is achieved. Call MD if PO medications are not ordered. Begin to wean continuous infusion 6 to 12 hours after beginning oral medications.		
NOTE: Select scheduled and PRN medications to maintain BP goal.		
[]	labetalol	10mg, IV Push, q30 min, PRN, Other, specify in comments, Routine, T;N, Comments: For systolic BP greater than 160 mmHg, Use as first choice to achieve hemodynamic parameters.
[]	hydrALAZINE	20mg, IV Push, q4h, PRN, Other, specify in comments, Routine, T;N, Comments: For systolic BP greater than 160 mmHg. Use if labetalol 10mg ineffective, then if no response, call MD for further orders
[]	amLODipine	10mg, Tab, PO, QDay, Routine. Oral medications should be given after the 6 hour BP goal is achieved. Hold for MAP less than 65.
[]	Carvedilol	12.5mg, Tab, PO, wb/s, Routine. Oral medications should be given after the 6 hour BP goal is achieved. Hold for MAP less than 65.
[]	lisinopril	20 mg, Tab, PO, QDay, Routine, T;N. Oral medications should be given after the 6 hour BP goal is achieved. Hold for MAP less than 65.
[]	NIFEdipine ER	30 mg, Tab, PO, QDay, Routine. Oral medications should be given after the 6 hour BP goal is achieved. Hold for MAP less than 65.
[]	HydrALAZINE	50 mg, Tab, PO, TID, Routine. Oral medications should be given after the 6 hour BP goal is achieved. Hold for MAP less than 65.
Laboratory		
[]	Creatinine	STAT, T;N, once, blood, Nurse Collect
Consults/Notifications		
[]	Notify Physician Once	Notify Physician: _____, Notify for: If Labetalol and hydralazine ineffective, call MD for further orders, T;N

Date **Time** **Physician's Signature** **MD Number**

