

Hypertensive Crises

1. Hypertensive Urgencies
 - i. Diastolic greater than 120-130
 - ii. Absence of cardiac, ocular or renal damage
 - iii. Reduce BP over several hours
 - iv. Reduce to 160/110
 - v. AKA Severe asymptomatic HTN
2. Hypertensive Emergencies
 - i. All require immediate BP reduction but not necessarily to normal ranges
 - ii. Treatment prevents or minimizes end-organ damage [i.e., encephalopathy, intracranial bleed, ACS, LV failure with pulmonary edema, dissection, renal failure, eclampsia]
 - iii. Treatment options include nitroprusside, labetalol, diazoxide, phentolamine
 - iv. Second line agents include nicardipine, enalapril, hydralazine, and nitroglycerin
 - b. Accelerated Hypertension
 - i. SBP typically exceeds 210
 - ii. DBP typically exceeds 130
 - iii. Present with HA, blurred vision, or focal neurologic symptoms
 - c. Malignant Hypertension
 - i. Retinal hemorrhage, exudates or papilledema
 - d. Hypertensive Encephalopathy
 - i. Presence of signs of cerebral edema
 - ii. May also have papilledema
 - e. Malignant Nephrosclerosis
 - i. Renal involvement