

Management of Inpatient Hypertension

Assess Before Rx
Assess patient with elevated blood pressure
(>180 systolic or \gg baseline BP)



Does the patient have symptoms?

(new AMS, vision changes, chest pain, SOB, change in neuro exam, AKI)

Yes



Are there alternate etiologies?

(pain, anxiety, withdrawal,
off of home BP meds)

No



Yes



Recommended Treatment

Treat alternate etiologies
and reassess



No



Hypertensive Emergency

Elevated blood pressure with
symptoms (end organ damage)



Recommended Treatment

IV infusion with goal of
10-15% reduction
immediately;
25% reduction by 24h

Hypertensive Urgency

Elevated blood pressure
that is asymptomatic



Recommended Treatment

Lower BP over several days
using oral agents

Hypertensive Urgency

Medication	Onset of Action	Duration of Action	Initial Dosing	Additional Comments/ Adverse Reactions
Labetalol PO	20 min to 2 hrs	8 to 12 hrs	100 mg	Beta- and alpha- blocker, avoid in bradycardia <60
Hydralazine PO	~45 min	2 to 6 hrs	10 mg	May cause unpredictable and prolonged antihypertensive effects, reflex tachycardia
Amlodipine PO	6 to 12 hrs	>24 hrs	5 mg	Slow onset of action
Nifedipine PO	30 min	24 hrs	30 mg	Avoid immediate release as may cause hypotension, use sustained release (Procardia XL)
Lisinopril PO	1 hr	24 hrs	2.5 to 20 mg	Avoid in hyperkalemia, AKI

IV agents should be reserved for Hypertensive Emergency only, or if patient is NPO as it leads to unpredictable and rapid drops in BP, among other adverse events