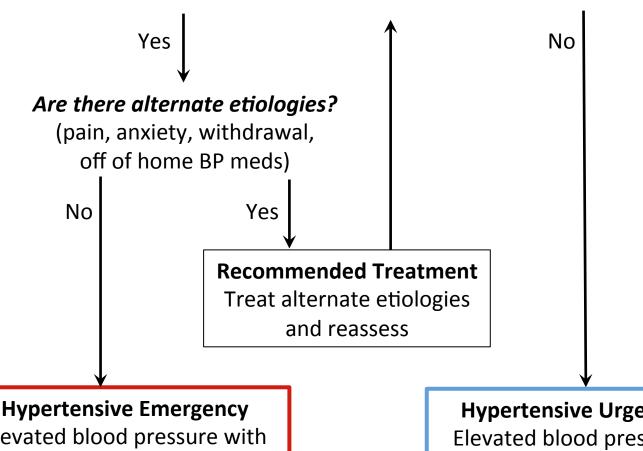
# **Management of Inpatient Hypertension**

#### **Assess Before Rx**

Assess patient with elevated blood pressure (>180 systolic or >>baseline BP)

# Does the patient have symptoms?

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



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