

Abnormal Vital Signs/Labs

Asymptomatic Hypertension

A hypertensive emergency is elevated BP **AND** target organ damage with neurological symptoms, chest pain, or acute SOB. This is **RARE** and requires an ambulance to the ED.

Severe hypertension, often with mild headache, is more common and is not an emergency.

1. Rest the patient in a quiet room for 10 mins and recheck BP - this will work in many cases. If BP remains elevated, plan to reduce BP over days not hours
2. Check for patient adherence to medications and restart meds before adding on new medications. If adherent, consider increasing the dose of current meds
3. Check back frequently over the next couple of weeks, including blood work with renal function
4. Add in whichever medication is reasonable, given the patient's other conditions, and slowly reduce blood pressure over weeks
5. Contact the [RACE line](#) for specific recommendations, if needed

Refer to the ED if:

HTN (any measurement) **and**:

- Chest pain/CHF
- Pregnant—preeclampsia
- Focal neuro findings
- Hyperacute renal failure or Anuria

Resources

- [RACE line](#): (604) 696-2131
- [UpToDate: Management of Severe asymptomatic hypertension \(hypertensive urgencies\) in adults](#)

