HYPERTENSIVE URGENCY

Transfer Criteria
- Acceptable VS
- BP<250/130 after initial treatment (nifedipine, labetol, clonidine, etc.)
- Normal mentation
- Asymptomatic or without evidence of end-organ injury

Exclusion Criteria
- Unstable VS
- BP>250/130 after initial treatment
- Evidence of end-organ injury: retinal hemorrhage, papilledema, CHF, acute renal failure, cardiac ischemia or intracranial hemorrhage, hypertensive encephalopathy, CVA, aortic dissection, focal neurologic abnormalities
- New EKG changes
- Eclampsia
- Anti-hypertensive drip required for control of BP

Potential Intervention
- Anti-hypertensive medications
- Serial VS and neurologic exams
- TMS monitoring
- Pulse oximetry as needed

Disposition
- Home - Acceptable VS
- BP<200/110
- Asymptomatic
- Outpatient treatment and follow-up arranged

- Hospital - Development of any exclusion criteria
- Symptoms worsen or persist
- BP>200/110