

# Malignant Hypertension

## BP $\geq$ 180/120 mmHg

### Symptoms

- Headache
- Blurred vision
- Confusion
- **NONE AT ALL**

### Signs

- BP  $\geq$ 180/120 mmHg
- Grade III/IV retinopathy
- Retinal hemorrhage/exudates
- Papilloedema

### Consider Secondary Causes

- Intracranial haemorrhage
- Aortic dissection
- Acute glomerulonephritis
- Pheochromocytoma
- Renal artery stenosis
- Cocaine
- Eclampsia

### Investigations

- FBC
- U&E
- Coagulation
- 12 lead ECG

### Acute Phase Management

- Target to reduce diastolic BP to 100-110 mmHg over 6 hours
- MAXIMUM DECREASE of 25% from baseline in 24 hours

#### Labetalol

→ IV infusion at a rate of 15-120 mg/hour (titrate upwards until adequate response- see Labetalol prompt card for guidance)

→ GTN infusion as per trust protocol

#### Sodium Nitroprusside (under specialist advice only)

→ IV infusion starting at a rate of 0.3 micrograms/kg/min

→ Increase by 0.5 micrograms/kg/min every 5 minutes to 8 micrograms/kg/min

### General Measures

- Contact on-call cardiologist/renal/HDU
- Consider arterial line insertion
- Close monitoring of haemodynamics and fluid balance