

Defining features and management of severely elevated blood pressure [NB1] [NB2]

	Severely elevated BP without symptoms	Hypertensive urgency	Hypertensive emergency
typical blood pressure (mmHg)	180/110 or higher	180/110 or higher	usually 220/140 higher [NB3]
symptoms (headache or dizziness)	not present	present	present
end-organ damage or dysfunction [NB4]	not present	acute end-organ damage or dysfunction is not present moderate nonacute damage or dysfunction may be present	significant acute end-organ damage or dysfunction is present
immediate threat to life	no [NB5]	no [NB5]	yes
timeframe to achieve initial BP reduction	1 to 2 days [NB5]	hours [NB5]	within minutes
initial management goals	reduce BP to a safe level, usually below 180 mmHg systolic	relieve symptoms and reduce BP to a safe level, usually below 180 mmHg systolic	reduce BP quickly but without causing a precipitous fall in BP, which is difficult to correct avoid lowering BP by more than 25% in the first 2 hours
drug delivery route	oral	oral	intravenous
management setting	primary care, with follow-up within days [NB5]	usually hospital (ED), with possible admission for ongoing management	hospital (ED, ICU or CCU), with admission for ongoing management

BP = blood pressure; CCU = coronary care unit; ED = emergency department; ICU = intensive care unit

NB1: Information in this table does not apply to pregnant patients. For information on urgent control of elevated BP in pregnancy, see 'Pregnancy and severely elevated blood pressure' in *Therapeutic Guidelines*.

NB2: Evidence to guide the management of severely elevated BP is limited, so guidelines are based on current literature and expert consensus.

NB3: The defining diagnostic feature of a hypertensive emergency is acute end-organ damage or dysfunction, which can occur at lower BP levels. Defining BP thresholds vary in the literature.

NB4: Acute end-organ damage or dysfunction may include pulmonary oedema, kidney failure, hypertensive encephalopathy, papilloedema or cerebrovascular haemorrhage. End-organ damage is used in this guide, but other terms in the literature include hypertensive-mediated organ damage, acute hypertensive-mediated organ damage and target organ damage.

NB5: The risk of complications or urgency of treatment is increased by the presence of any of the risk factors listed in the table 'Factors to consider in the management of severely elevated blood pressure' in *Therapeutic Guidelines*.