Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Select the correct statement about hypertensive urgency
2. Hypertensive urgency is severe asymptomatic hypertension (SBP>180 DBP >110-120 mm Hg) in any patient
3. Treatment goal is SBP <160 and DBP <100 over several hours (particularly in patients who have symptoms presumed related to hypertension but are not indicative of target-organ damage) but MAP should note be reduced by >30% of baseline
4. Administration of hydralazine is not recommended due to unpredictable response and risk for reflex tachycardia.
5. Adjustments to the patient’s existing antihypertensive regimen should be made after discharge by the PCP
6. 45 year old female with CKD from hypertension and DUB was admitted for hysterectomy. On POD 2, medicine in consulted for BP 200/110 despite having her usual home medications continued by the gyn team. The gyn team says that she is doing great and they are ready to discharge her from their perspective.

Select the next best action

1. Immediately call in an order to treat her blood pressure with labetalol 200mg po x 1
2. Tell them treatment can be deferred for a few days and have her follow up with her PCP or nephrologist
3. Assess for factors contributing or exacerbating blood pressure control
4. Adjust her chronic BP medications with treatment goal of SBP<160 and DBP<100 prior to discharge
5. An 86 year old male with history of CAD, MI, ischemic cardiomyopathy, CKD, DM2, NASH cirrhosis presents with progressive shortness of breath for 2 days. He has orthopnea, paroxysmal nocturnal dyspnea, dyspnea on exertion with short distances, and leg swelling. His shortness of breath is getting worse. He does not have chest pain, confusion, or any neurologic complaints. He is allergic to sulfa. His home medications are lisinopril, metformin, aspirin, atorvastatin, furosemide and carvedilol. On exam his BP is 210/110 (both arms), HR 120, T 37.8 C, RR 35, Sat 80% on rooms air. JVP is 10 cm, lungs have rales ¾ way up. Heart is tachycardic with S3. His neurologic exam is non focal. EKG sinus tachycardia, CXR pulmonary edema. Labs: CBC normal, BMP normal except creatinine of 2.0 and glucose of 200. High sensitivity troponin is 15.

Select correct statement regarding therapy

1. Treatment goal is to decrease SBP<180 within an hour
2. Nitroglycerin, loop diuretics, and enalaprilat or nicardipine should be used
3. Loop diuretics, esmolol, and nitroglycerin should be used
4. Nitroglycerin, loop diuretics, and nitroprusside should be used
5. 50 year old male with history of hypertension presents with chest pain and shortness of breath that started a hour ago. The pain is described as tearing and goes to his back. He feels worse when he walks and rates the pain at 8/10. He does not have confusion, neurologic complaints or leg swelling. He has no known drug allergies. He is a smoker, drinks alcohol occasionally and does not use any substances/drugs. His only medication is chlorthalidone but he has been out of it for some time. BP 210/110 R arm 180/100 L arm T 37.8 C HR 100 RR 20 O2 sat 95% on RA. On exam he is in moderate distress, JVP 4 cm, lungs are clear. Heart is tachycardic without murmurs, rubs or gallops. Neurologic exam is non focal. EKG: sinus tachycardia, CXR widened mediastinum. CBC, BMP, and troponin are normal.

Select the correct statement

1. Decrease SBP <120 and HR <60 beats per minute within 30 minutes
2. Esmolol or labetalol plus one of nicardipine, clevidipine, nitroprusside or nitroglycerin should be used
3. Beta blockers are indicated even if bradycardic on presentation
4. Decrease SBP by 20-25% during first hour then to 160/100 during the ensuing 2-6 hours
5. 60 year old female with HTN and DM woke with L arm and leg weakness. EMS was called. She was last known well 15 hours ago. She has no chest pain, shortness of breath, headache, or leg swelling. No known drug allergies. She does not smoke, drink or use drugs. She takes metformin, lisinopril, chlorthalidone, and metoprolol and has been off of her medications for 2 months. On exam: SBP 250/130 in both arms, HR 90 T 37.8 C RR 18 Sat 95% on RA. JVP 4 cm, lungs are clear and heart is regular rate and rhythm. She has no leg edema and is unable to move her left arm and leg against gravity and has decreased sensation in the left arm and leg. She has difficulty speaking. CBC normal, BMP normal except glucose of 200. CXR is normal. Head CT shows right sided ischemic MCA stroke.

Select the correct statement related to therapy:

1. Decrease BP to 185/110
2. No blood pressure intervention needed for first 48-72 hours
3. Decrease BP by 15% within 1 hour
4. Use labetalol, nicardipine, clevidipine, nitroprusside or hydralazine to treat