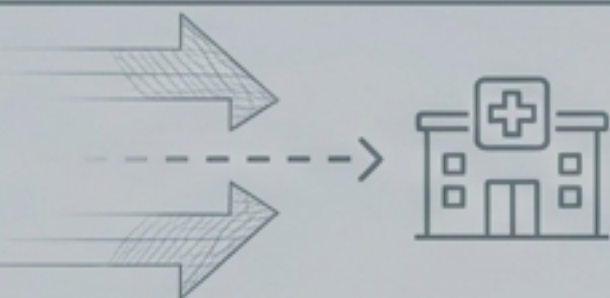


2025 ACEP Clinical Policy Update on Asymptomatic Elevated Blood Pressure

Approved by the ACEP Board of Directors, January 2025.
A critical practice-updating brief for Emergency Department evaluation and management.

Transitioning from passive deferral to active intervention

2013 Paradigm



Stance: Defer to primary care.

- ⊗ → Do not routinely recommend ED medical interventions for asymptomatic elevated BP unless the patient has poor follow-up or is high-risk.

2025 Paradigm



Stance: Opportunistic intervention.

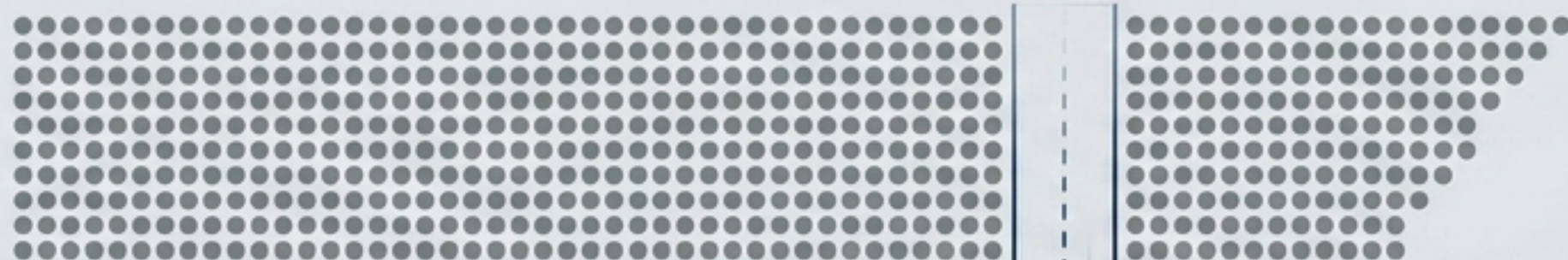
- ✓ → Consider the **initiation of outpatient antihypertensive medications** for patients being discharged from the ED.

The 2025 update incorporates new safety and efficacy evidence to address systemic healthcare access challenges.

The massive scale of uncontrolled hypertension in the United States

Hypertension Cascade

Stage 1



119.9 Million

US Adults affected by hypertension.

Stage 2

27.0 Million

Have their blood pressure effectively controlled (Only 25%).

Stage 3

6 Million+

Annual ED visits for a primary chief complaint of hypertension. *The Intercept Point.*

With 75% of hypertensive adults lacking disease control, the ED represents a critical, sometimes solitary, opportunity to reduce subsequent stroke and heart attack risk for vulnerable populations.

Defining the exact parameters for the asymptomatic clinical pathway

Scope of Application

INCLUDED IN PATHWAY



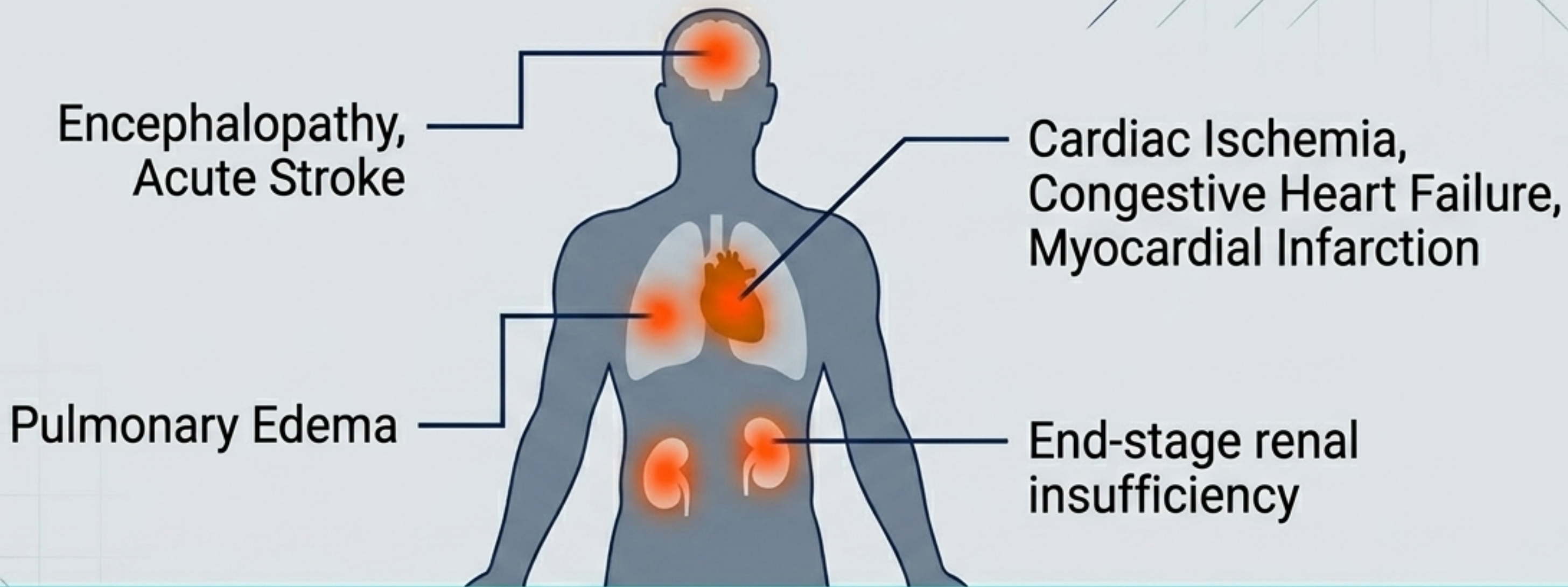
- **Adults ≥ 18 years** of age.
- Presenting to the ED with **elevated blood pressure**.
- Strictly **asymptomatic**.
- **No signs** or **symptoms** of acute target organ injury.

EXCLUDED FROM PATHWAY



- **Pregnant** patients.
- Patients with **end-stage renal insufficiency**.
- **Pain** or **trauma-induced** elevated BP (emergent conditions not related to organ injury).
- Signs or symptoms of **acute hypertensive emergencies**.

Recognizing the clinical red flags that mandate immediate exclusion



Any clinical findings suggesting acute target organ injury disqualify the patient from the asymptomatic discharge pathway.

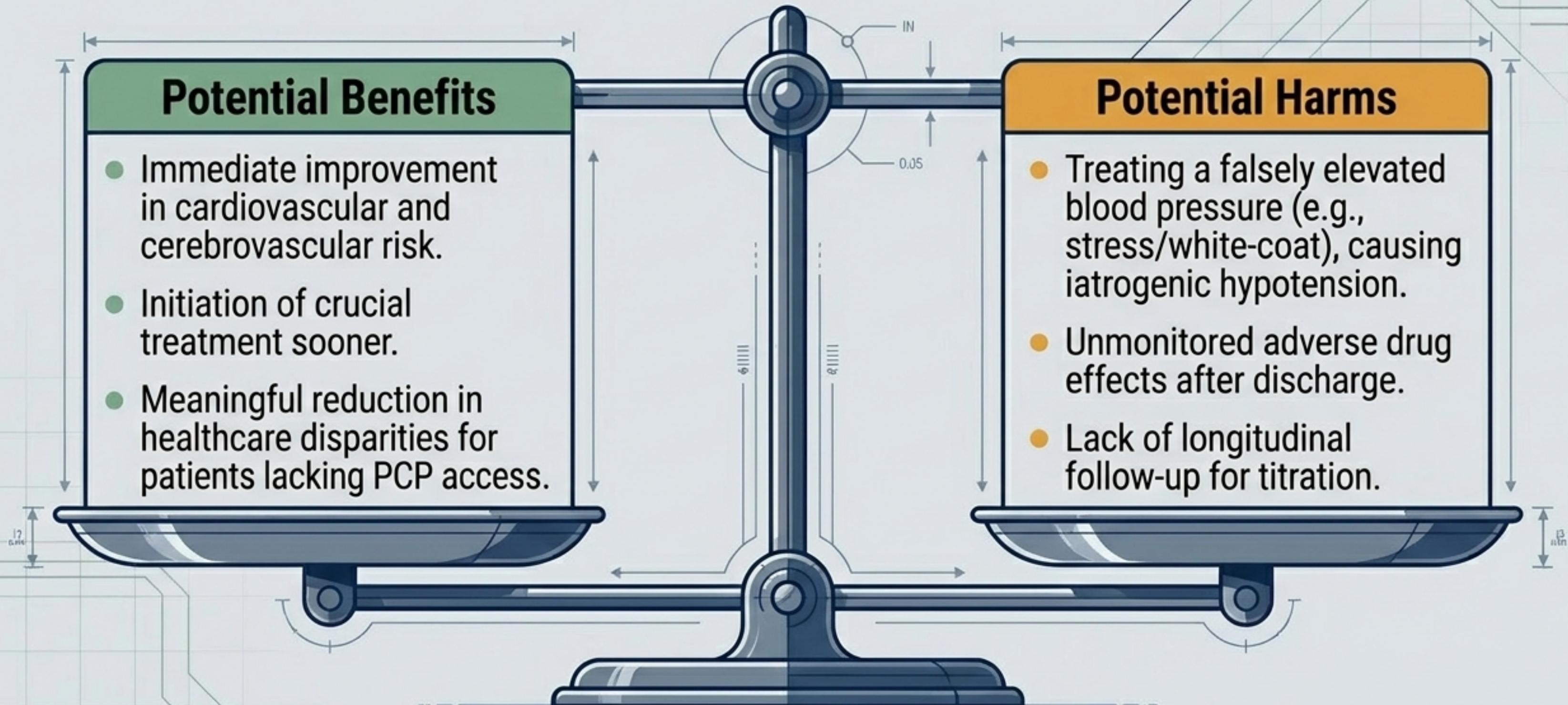
The 2025 ACEP critical directive for asymptomatic presentations

Consider the initiation of outpatient antihypertensive medications for patients being discharged from the ED with asymptomatic elevated blood pressure.

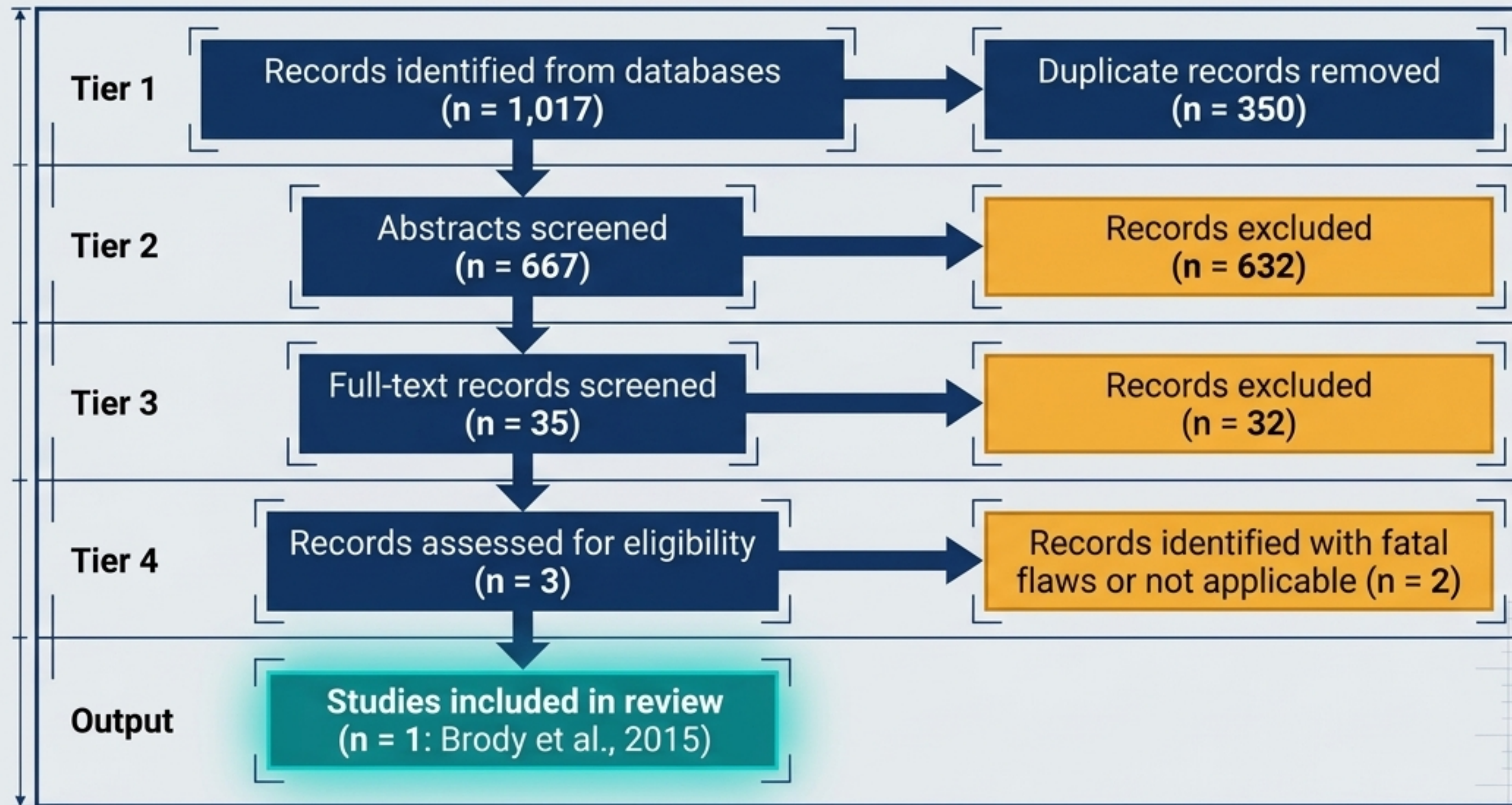
Patients with asymptomatic elevated blood pressure should be referred for outpatient follow-up.

Methodology Tag: Derived from a systematic review answering: Is initiation of outpatient antihypertensive medications from the ED safe and effective?

Weighing the clinical risks of prescribing beyond the emergency room



Isolating high-quality data through rigorous literature screening



Methodology Tag: Derived from a systematic review answering: Is initiation of outpatient antihypertensive medications from the ED safe and effective?

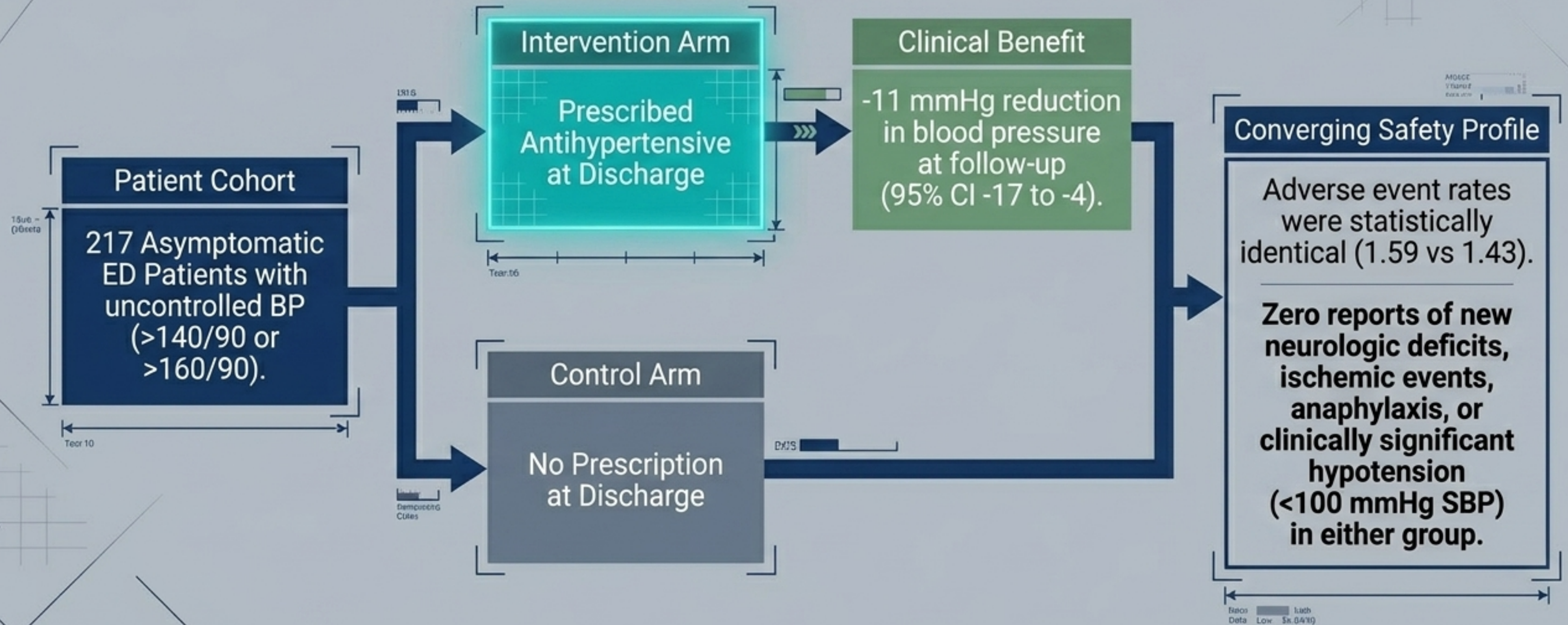
Translating evidence quality into clinical recommendation levels

Synthesized tts grading matrix

| Class / Level | Certainty | Study Design |
|---------------------|-----------------------------|--|
| Class I / Level A | High Certainty | Randomized, controlled trial, meta-analysis of randomized trials, or prospective cohort using a criterion standard. (Status: 0 Studies found). |
| Class II / Level B | Moderate Certainty | Nonrandomized trial, retrospective observational, retrospective cohort, or case control. (Status: 0 Studies found). |
| Class III / Level C | Lower Certainty / Consensus | Case series. |

The 2025 policy is a **Level C** recommendation, relying on **one high-quality Class III study** combined with **expert consensus**.

The Brody Intervention: Proving short-term safety and efficacy



Assessing the generalizability of the Brody study population

Demographics Dashboard

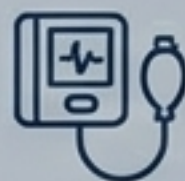
Patient Profile



57%
Women



96%
African American



86% had established (pre-existing) hypertension at the time of ED visit.

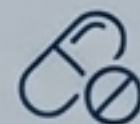
The Interventions (Drug Class Prevalence)

Thiazide-like diuretics: **54%**

ACE inhibitors: **26%**

Calcium channel blockers: **10%**

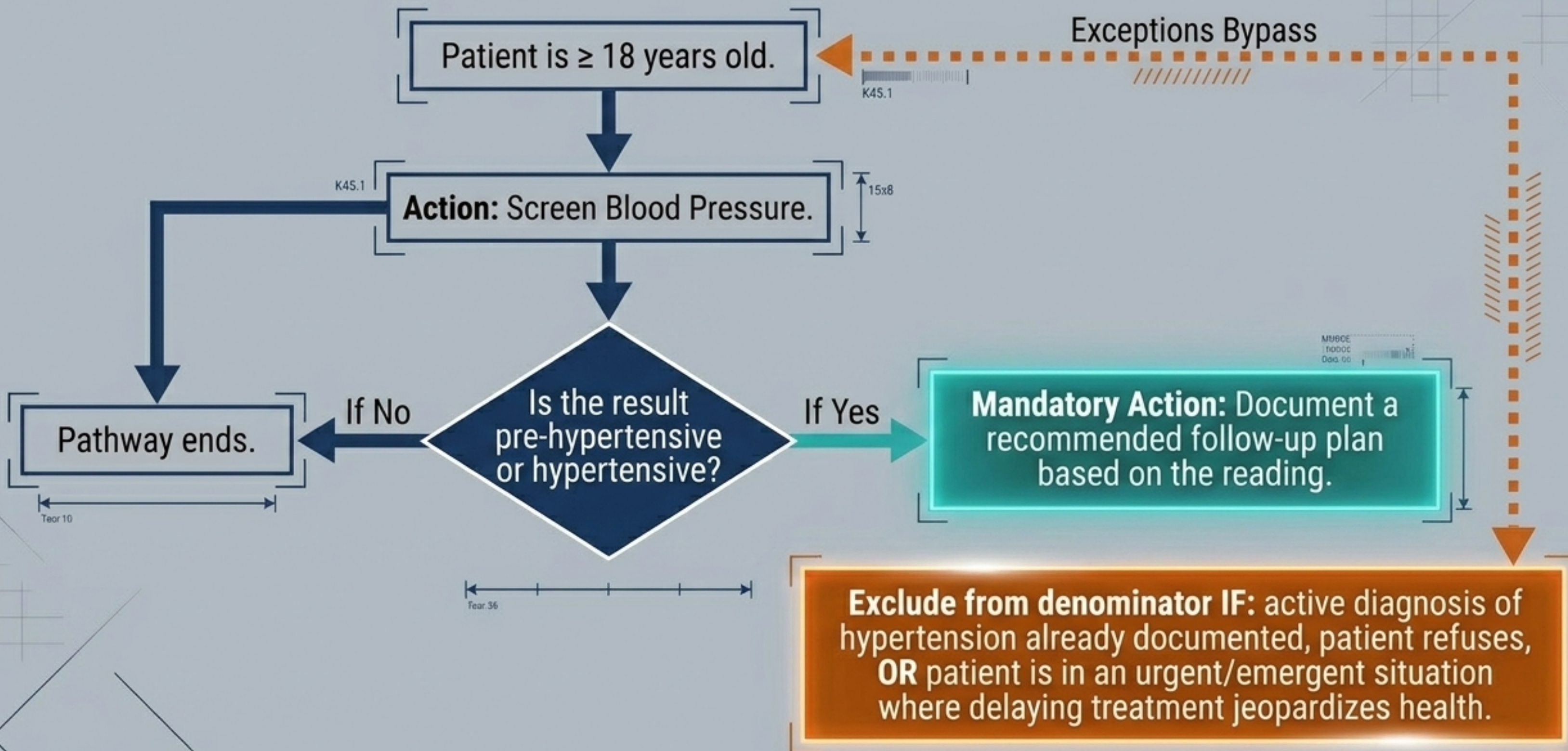
Beta blockers: **6%**



Clinical Context Note

The study aligns with JNC 8 guidelines, supporting treatment based on age and BP thresholds. Results are highly applicable to established hypertensives in vulnerable demographic groups.

Protocol tracking: QPP317 Quality Measure logic



The Emergency Department as an Opportunistic Care Hub

The Crisis

75% of 120M
hypertensive adults lack disease control and struggle to access reliable primary care follow-up.

The Capability

ED blood pressure measurements are reliable, and initiating treatment yields measurable BP reduction without increasing adverse events.

ED initiation is not an overstep of emergency medicine; it is a safe, necessary evolution of the safety-net to reduce long-term cardiovascular mortality.

Emergency physicians possess a unique window to intercept vulnerable populations before chronic hypertension becomes an acute emergency.

The Mandate

Uncharted territory: Directives for future clinical research

