Hydralazine Algorithm

EXAMPLE

Trigger: If severe elevations (SBP ≥ 160 or DBP ≥ 110) persist* for 15 min or more **OR** If two severe elevations are obtained within 15 min and tx is clinically indicated

Administer hydralazine[§] 5 mg or 10 mg IV over 2 minutes



Repeat BP in 20 minutes



If SBP \geq 160 or DBP \geq 110, administer hydralazine 10 mg IV over 2 minutes



Repeat BP in 20 minutes



If SBP ≥ 160 or DBP ≥ 110, administer labetalol 20 mg[†] IV over 2 minutes; If BP below threshold, continue to monitor BP closely



Repeat BP in 10 minutes



If SBP \geq 160 or DBP \geq 110, administer labetalol 40 mg IV over 2 minutes, and obtain emergency consultation from specialist in MFM, internal medicine, anesthesiology, or critical care



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Give additional antihypertensive medication per specific order as recommended by specialist



Once BP thresholds are achieved, repeat BP:



- Every 10 minutes for 1 hour
- Then every 15 minutes for 1 hour
- Then every 30 minutes for 1 hour
- Then every hour for 4 hours



Institute additional BP monitoring per specific order

- Notify provider after one severe BP value is obtained
- Institute fetal surveillance if viable
- Hold IV labetalol for maternal pulse under 60
- There may be adverse effects and contraindications.
- Clinical judgement should prevail.

- * Two severe readings more than 15 minutes and less than 60 minutes apart
- [†] Avoid parenteral labetalol with active[‡] asthma, heart disease, or congestive heart failure; use with caution with history of asthma. May cause neonatal bradycardia.
- * "Active asthma" is defined as:
- A symptoms at least once a week, or
- (B) use of an inhaler, corticosteroids for asthma during the pregnancy, or
- © any history of intubation or hospitalization for asthma.
- § Hydralazine may increase risk of maternal hypotension.



