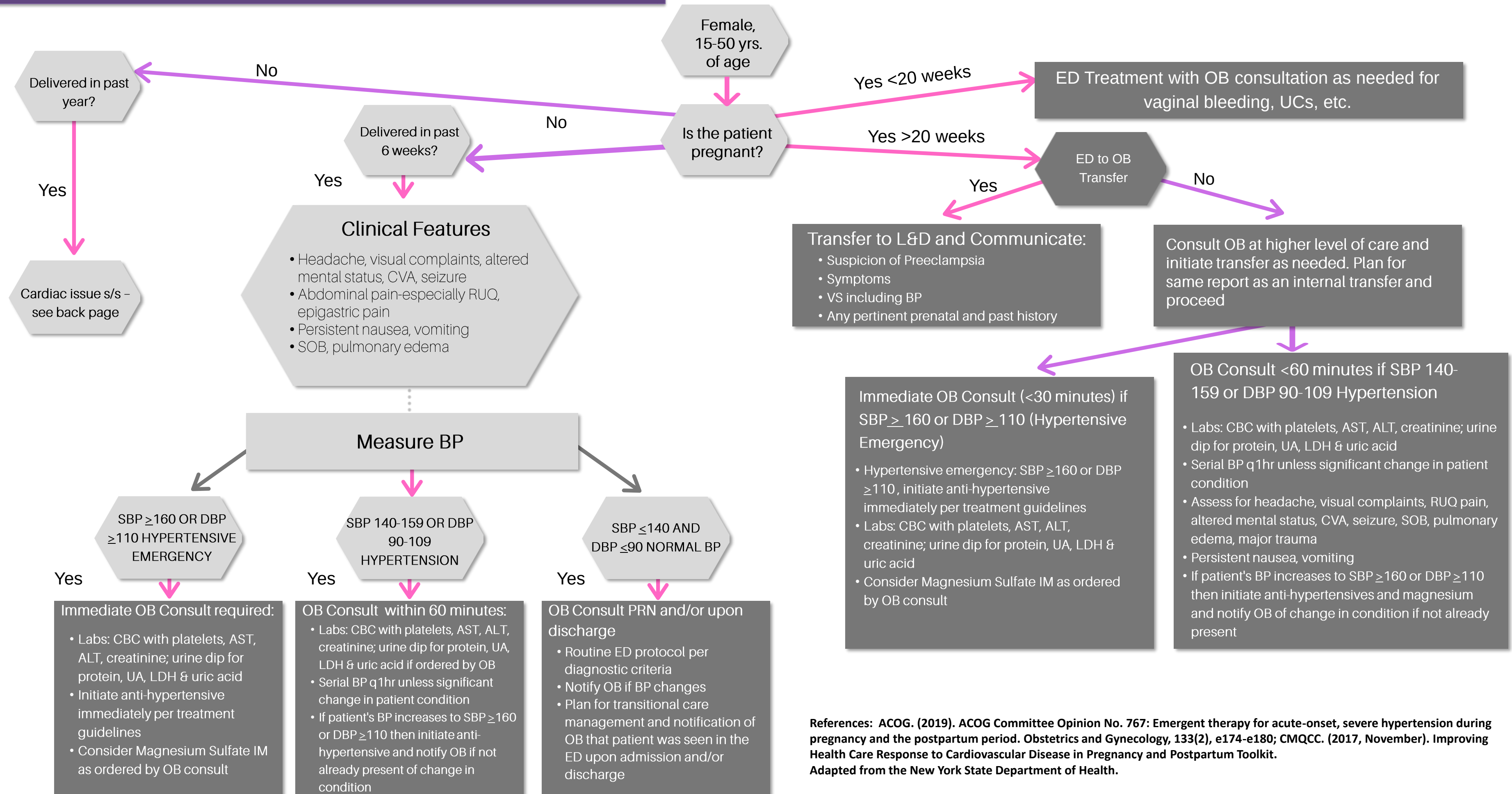


Maternal Hypertension Protocol: Clinical Algorithm for EDs

Rev.
10/21/2019



Treatment Recommendations

1st Line Anti-Hypertension Treatment:

IV Labetalol or Hydralazine; if no IV access, give immediate release oral nifedipine
Target BP: 140–150/90–100 mm Hg (BP < 140/90 = decreased fetal perfusion)

IV LABETALOL as Primary

- Administer labetalol 20 mg IV over 2 min
- Repeat BP in 10 min
 - If BP threshold is still exceeded, administer labetalol 40 mg IV
 - If SBP <160 and DBP <110, continue to monitor closely
- Repeat BP in 10 min
 - If BP threshold is still exceeded, administer labetalol 80 mg IV
 - If SBP <160 and DBP <110, continue to monitor closely
- Repeat BP in 10 min
 - If BP threshold is still exceeded, administer hydralazine 10 mg IV over 2 min
 - If SBP <160 and DBP <110, continue to monitor closely
- Repeat BP in 20 min; if BP threshold is still exceeded, obtain emergent consultation from maternal-fetal medicine, internal medicine, anesthesiology, or critical care.
- Once target BP achieved, monitor BP q10 min for 1 hour, q15 min for 2nd hour, q30 min for 3rd hour

IV HYDRALAZINE as Primary

- Administer hydralazine 5 or 10 mg IV
- Repeat BP in 20 min
 - If BP threshold is still exceeded, administer hydralazine 10 mg IV
 - If SBP <160 and DBP <110, continue to monitor closely
- Repeat BP in 20 min
 - If BP threshold is still exceeded, administer labetalol 20 mg IV
 - If SBP <160 and DBP <110, continue to monitor closely
- Repeat BP in 10 min
 - If BP threshold is still exceeded, administer labetalol 40 mg IV and obtain emergent consultation from maternal-fetal medicine, internal medicine, anesthesiology, or critical care
 - If SBP <160 and DBP <110, continue to monitor closely
- Once target BP achieved, monitor BP q10 min for 1 hour, q15 min for 2nd hour, q30 min for 3rd hour

PO NIFEDIPINE as Primary

- Administer immediate release nifedipine capsules 10 mg po
- Repeat BP in 20 min
 - If BP threshold is still exceeded, administer immediate release nifedipine capsules 20 mg po
 - If SBP <160 and DBP <110, continue to monitor closely
- Repeat BP in 20 min
 - If BP threshold is still exceeded, administer immediate release nifedipine capsules 20 mg po
 - If SBP <160 and DBP <110, continue to monitor closely
- Repeat BP in 20 min
 - If BP threshold is still exceeded, administer labetalol 20 mg IV and obtain emergent consultation from maternal-fetal medicine, internal medicine, anesthesiology, or critical care
 - If SBP <160 and DBP <110, continue to monitor closely
- Once target BP achieved, monitor BP q10 min for 1 hour, q15 min for 2nd hour, q30 min for 3rd hour

Magnesium

Initial Treatment in the ED:

- Consult with OB and if ordered, give Magnesium Sulfate 5 grams IM x 2 doses;
- Close observation for signs of toxicity
 - Disappearance of deep tendon reflexes
 - Decreased RR, shallow respirations, shortness of breath
 - Heart block, chest pain
 - Pulmonary edema
- Place Calcium Gluconate at bedside as reversal agent; follow ED anti-seizure protocol; give Ativan stat if patient seizes

Cardiac S/S: Prompt evaluation by obstetrics and cardiology providers (if currently pregnant or was pregnant within the past year):

- Orthopnea \geq 3 pillows
- Asthma unresponsive to therapy
- Shortness of breath without activity
- New onset chest pain
- Resting HR \geq 119
- Systolic blood pressure of \geq 160 mmHg or diastolic \geq 110 mmHg
- Resting respiratory rate of \geq 29
- Oxygen saturations at or below 94%
- Syncope