

Antihypertensive agents in Preeclampsia

Treated sustained SBP>160 and/or dbp> 110 (sustained = BP confirmed > 15 minutes)
*Labetalol: effects seen within 1 – 2 minutes (max. effect 5 – 10 minutes) <ul style="list-style-type: none">• Give 20 mg IV slow IVP, repeat BP 10 minutes• If BP > 160/110, give 40 mg IV slow IVP, repeat in 10 minutes• If BP > 160/110, give 80 mg IV slow IVP and repeat BP in 10 minutes (up to total 3 doses every 10 minutes) Maximum IV dose Labetalol= 300 mg in 24 hours Patient must be on continuous pulse ox. for minimum 1 hour after IV Labetalol
*Hydralazine: Effects seen within 5 – 50 minutes (maximum effects 20 – 30 minutes) <ul style="list-style-type: none">• Give 5 – 10 mg IV slow IVP q 20 minutes Maximum IV DOSE Hydralazine = 25 mg in 24 hours
*Procardia: effects seen within 10 minutes (max. effects 60 minutes) <ul style="list-style-type: none">• 10 mg PO every 20 minutes (option if patient has no IV access) Maximum 60 mg PO If no response to initial agent → switch agents!
©Franciscan Health

After PRN medication
Blood Pressure Cycles
Every 10 minutes x 1 hour Every 15 minutes x 1 hour Every 30 minutes x 1 hour Every 4 hours
A scheduled medication is not an acceptable PRN medication
Blood Pressure Ranges
Postpartum patient: SBP > 150 mmHg OR DBP > 100 mmHg Severe Range: ≥ 160 mmHg and/or ≥ 110 mmHg
When does a Medication dose considered effective?
Medication is effective after the first hour of blood pressures if they fall under call orders. After the first hour after a medication has been given: the blood pressure spikes → give medication that was effective
©Franciscan Health