

1st Line Anti-Hypertension Treatment in the ED setting: 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
- $\circ$  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
  - $\circ$  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
- $\circ$  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
  - $\circ$  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
  - $\circ$  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
- $\circ$  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
  - $\circ$  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
  - $\circ$  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
  - $\circ$  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 or IV load bolus per protocol
- 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