

Hypertensive Emergency Checklist

For new onset of severe range HTN

Hypertensive Emergency:

• Two severe BP values ($\geq 160/110$) taken 15-60 minutes apart. Values do not need to be consecutive.

• **May treat within 15 minutes if clinically indicated**

- Call for Assistance
- Designate:
 - Team leader
 - Checklist reader/recorder
 - Primary RN
- Ensure side rails up
- Ensure medications appropriate given patient history
- Antihypertensive therapy within 30-60 min. for persistent severe range BP
- Administer seizure prophylaxis (magnesium sulfate first line agent, unless contraindicated)
- Place IV; Draw preeclampsia labs
- Antenatal corticosteroids (if <34 weeks of gestation)
- Re-address VTE prophylaxis requirement
- Place indwelling urinary catheter
- Brain imaging if unremitting headache or neurological symptoms
- Debrief patient, family, and obstetric team

† "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
- (C) any history of intubation or hospitalization for asthma.

Magnesium Sulfate

Contraindications: Myasthenia gravis; avoid with pulmonary edema, use caution with renal failure

IV access:

- Load 4-6 grams 10% magnesium sulfate in 100 mL solution over 20 min
- Label magnesium sulfate; Connect to labeled infusion pump
- Magnesium sulfate maintenance 1-2 grams/hour

No IV access:

10 grams of 50% solution IM (5 g in each buttock)

Antihypertensive Medications

For SBP ≥ 160 or DBP ≥ 110

(See SMI algorithms for complete management when necessary to move to another agent after 2 doses.)

- Labetalol (initial dose: 20mg); **Avoid parenteral labetalol with active asthma, heart disease, or congestive heart failure; use with caution with history of asthma**
- Hydralazine (5-10 mg IV* over 2 min); **May increase risk of maternal hypotension**
- Oral Nifedipine (10 mg capsules); Capsules should be administered orally, not punctured or otherwise administered sublingually

*Maximum cumulative IV-administered doses should not exceed **300 mg labetalol** or **25 mg hydralazine** in 24 hours

Note: If first line agents unsuccessful, emergency consult with specialist (MFM, internal medicine, OB anesthesiology, critical care) is recommended

Anticonvulsant Medications

For recurrent seizures or when magnesium sulfate contraindicated

- Lorazepam (Ativan): 2-4 mg IV x 1, may repeat once after 10-15 min
- Diazepam (Valium): 5-10 mg IV q 5-10 min to maximum dose 30 mg