

# Appendix M: Sample Order Set for Acute Control of Hypertensive Emergencies

Note: This is a SAMPLE developed by a particular facility and the content is NOT specifically endorsed by the HDP Task Force. The sample is provided as an example to work from. You may need to adjust based on the individual circumstances of your facility.

## Medications

Once any of the Preeclampsia Antihypertensive Sub phase orders have been administered, the provider should evaluate and discontinue the active subplan when the patient is stabilized and reorder the subplan in case of another hypertensive crisis.

If starting with hydralazine: (hydralazine may be preferred if maternal HR is < 60)

## Hydralazine

- 10 mg, IV Push, INJ, x1, priority: NOW, Step 1.  
Administer slow IV Push at a max rate of 5 mg/min  
For systolic greater than or equal to 160 and/or diastolic greater than or equal to 110.
- 5 mg, IV Push, INJ, x1, priority: NOW, Step 1.  
Administer slow IV Push at a max rate of 5 mg/min  
For systolic greater than or equal to 160 and/or diastolic greater than or equal to 110.

## Hydralazine

- 10 mg, IV Push, INJ, q20min, PRN Hypertension, Step 2, for 2 Dose/Time  
Administer slow IV Push at a max rate of 5 mg/min  
If systolic is greater than or equal to 160 and/or diastolic greater than or equal to 110 in 20 minutes, give additional 10mg.  
If no response 20 minutes after last dose, give additional 10mg.  
If no response in 20 minutes give labetalol 20mg.

## Labetalol

- 20 - 40 mg, IV Push, q10min, PRN Hypertension, Step 3, for 2 Dose/Time  
IV Push Rate 10 mg/min  
Give 20mg IV Push if adequate response NOT achieved with hydralazine. Repeat BP in 10 minutes. If elevated, administer labetalol 40mg IV Push and obtain anesthesia consult.

## If starting with labetalol:

### Labetalol

**20 mg, IV Push, INJ, x1, priority: NOW, Step 1**

IV Push Rate: 10 mg /min

For systolic greater than or equal to 160 and/or diastolic greater than or equal to 110.

### Labetalol

**40 - 80, mg, IV Push, q10min, PRN Hypertension, Step 2, for 2 Dose/Time**

Give 40mg if systolic greater than or equal to 160 and/or diastolic greater than or equal to 110 10 minutes after initial 20mg dose.

If no response 10 minutes after 40mg dose, increase dose to 80mg.

If 80mg given and no BP response, give hydralazine 10mg and notify provider and anesthesia.

**20 - 80, mg, IV Push, q10min, PRN Hypertension, Step 2, for 3 Dose/Time**

If more than 1 hour since initially achieving BP control with 20mg, and systolic is again greater than or equal to 160 and/or diastolic greater than or equal to 110, give 20mg labetalol IV Push.

If no response 10 minutes after 20mg dose, increase dose to 40mg.

If no response 10 minutes after 40mg dose, increase dose to 80mg.

If 80mg given and no BP response, give hydralazine 10mg IV Push and notify provider and anesthesia.

### Hydralazine

**10 mg, IV Push, INJ, x1, PRN Hypertension, Step 3**

Administer slow IV Push at a max rate of 5 mg/min

Give if BP still elevated after Step 1 and Step 2 of labetalol.

Repeat BP in 10 minutes, if elevated obtain anesthesia consult.

## If using nifedipine as First Line

### Nifedipine

**10 mg, PO, Cap, x1, priority: NOW**

For systolic greater than or equal to 160 and/or diastolic greater than or equal to 110.

### Nifedipine

**10 mg, PO, Cap, q20min, PRN Hypertension**

If systolic greater than or equal to 160 and/or diastolic greater than or equal to 110 in 20 minutes, give additional 10mg.

If no response 20 minutes after last dose give additional 10mg.

Maximum of 5 doses, if not appropriate BP response, notify provider and anesthesia.

**\*\*END OF PLAN\*\***