Hydralazine Algorithm

**Trigger:** If severe elevations (SBP $\geq 160$ or DBP $\geq 110$) persist for 15 min or more OR If two severe elevations are obtained within 15 min and tx is clinically indicated

1. **Administer** hydralazine **5 mg or 10 mg** IV over 2 minutes

2. **Repeat BP in 20 minutes**

3. If SBP $\geq 160$ or DBP $\geq 110$, **administer hydralazine 10 mg** IV over 2 minutes

4. **Repeat BP in 20 minutes**

5. If SBP $\geq 160$ or DBP $\geq 110$, **administer labetalol 20 mg** IV over 2 minutes; If BP below threshold, continue to monitor BP closely

6. **Repeat BP in 10 minutes**

7. If SBP $\geq 160$ or DBP $\geq 110$, **administer labetalol 40 mg** IV over 2 minutes, and obtain emergency consultation from specialist in MFM, internal medicine, anesthesiology, or critical care

8. Give additional antihypertensive medication per specific order as recommended by specialist

9. **Once BP thresholds are achieved, repeat BP:**
   - Every 10 minutes for 1 hour
   - Then every 15 minutes for 1 hour
   - Then every 30 minutes for 1 hour
   - Then every hour for 4 hours

10. **Institute additional BP monitoring per specific order**

- Notify provider after one severe BP value is obtained
- Institute fetal surveillance if viable
- Hold IV labetalol for maternal pulse under 60
- Maximum cumulative IV-administered dose of hydralazine should not exceed 25 mg in 24 hours
- There may be adverse effects and contraindications. Clinical judgement should prevail.