Labetalol Algorithm

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

1. Labetalol 20 mg IV over 2 minutes
   - Repeat BP in 10 minutes

2. If SBP ≥ 160 or DBP ≥ 110, administer labetalol 40 mg IV over 2 minutes; If BP below threshold, continue to monitor BP closely
   - If SBP ≥ 160 or DBP ≥ 110, administer labetalol 80 mg IV over 2 minutes; If BP below threshold, continue to monitor BP closely
   - If SBP ≥ 160 or DBP ≥ 110, administer hydralazine 10 mg IV over 2 minutes; If below threshold, continue to monitor BP closely

3. If SBP ≥ 160 or DBP ≥ 110, administer labetalol 40 mg IV over 2 minutes; If BP below threshold, continue to monitor BP closely
   - Repeat BP in 10 minutes

4. If SBP ≥ 160 or DBP ≥ 110, administer labetalol 80 mg IV over 2 minutes; If BP below threshold, continue to monitor BP closely
   - Repeat BP in 10 minutes

5. If SBP ≥ 160 or DBP ≥ 110, administer labetalol 80 mg IV over 2 minutes; If BP below threshold, continue to monitor BP closely
   - Repeat BP in 10 minutes

6. If SBP ≥ 160 or DBP ≥ 110, administer hydralazine 10 mg IV over 2 minutes; If below threshold, continue to monitor BP closely
   - Repeat BP in 20 minutes

7. If SBP ≥ 160 or DBP ≥ 110 at 20 minutes, obtain emergency consultation from specialist in MFM, internal medicine, anesthesiology, or critical care
   - Institute additional BP monitoring per specific order

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   - Institute additional BP monitoring per specific order

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

11. 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 labetalol should not exceed 220 mg in 24 hours
• There may be adverse effects and contraindications. Clinical judgement should prevail.