Hydralazine 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. Administer hydralazine§ 5 mg or 10 mg IV over 2 minutes
2. Repeat BP in 20 minutes
3. If SBP ≥ 160 or DBP ≥ 110, administer hydralazine 10 mg IV over 2 minutes
4. Repeat BP in 20 minutes
5. If SBP ≥ 160 or DBP ≥ 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 ≥ 160 or DBP ≥ 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
- There may be adverse effects and contraindications.
- Clinical judgement should prevail.

* Two severe readings more than 15 minutes and less than 60 minutes apart
† Avoid parenteral labetalol with active§ asthma, heart disease, or congestive heart failure; use with caution with history of asthma. May cause neonatal bradycardia.
§ "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.

Hydralazine may increase risk of maternal hypotension.

Safe Motherhood Initiative

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