



## HYPERTENSIVE EMERGENCY IN PREGNANCY SAMPLE MEDICATION LIST

Each institution should have immediate access to medications via automated dispensary cabinet or pharmacy approved medication kit. Medications should be specific to treatment protocols. Coordination with the Pharmacy Department to insure proper dosage, availability and inventory is encouraged.

Medications should be immediately available in Triage, L & D, Antepartum, Postpartum and Emergency Department areas. Please refer to Hypertension Emergency Treatment Algorithm if maximum doses are reached and further escalation of treatment is needed.

### ANTIHYPERTENSIVE

<b>Drug</b>	<b>Route</b>	<b>Dose (mg)</b>
Labetalol	IV	20 mg, then 40-80 mg every 10 min (Max dose 220mg). See algorithm for second line medication.
Hydralazine	IV	5-10 mg every 10 min (Max dose 25 mg). See algorithm for second line medication.
Nicardipine	IV	Infusion 2.5-5 mg/h, increase by 2.5 mg/h every 5 min (Max dose 15 mg/h)
Esmolol	IV	1-2 mg/kg IV over 1 min (ANESTHESIA ONLY)
Labetalol	PO	200 mg may repeat in 30 min (if no IV access)
Nifedipine	PO	10 mg, 20 mg, 20 mg may repeat in 30 min (if no IV access) (Max dose 50 mg). See algorithm for second line medication.

### SEIZURE PROPHYLAXIS

Monitor Magnesium levels and deep tendon reflexes

<b>Drug</b>	<b>Route</b>	<b>Dose (mg)</b>
Magnesium Sulfate (10%)	IV	Loading Dose: 4-6 g over 20 min Maintenance: 1-2 g/h continuous for 24 h
Magnesium Sulfate (50%)	IM	5g in each buttock (if no IV access) Maintenance: 5 g in buttock every 4 hours

## **PERSISTENT SEIZURES**

Consider Anesthesia/ICU/Neuro consult and airway management

<b>Drug</b>	<b>Route</b>	<b>Dose (mg)</b>
Magnesium Sulfate (20%)	IV	After bolus dose: 2 g
Propofol (Off –label use)	IV	30-40 mg bolus (ANESTHESIA ONLY)
Midazolam (Off-label use)	IV	1-2 mg repeat 10 min X 3 dose
Lorazepam	IV	2 mg repeat 15 min X 4 doses (Max dose 8 mg)
Diazepam	IV	5-10 mg (Max dose 30 mg)
Levetiracetam	IV	500 mg every 12 hours

## **MAGNESIUM TOXICITY**

<b>Drug</b>	<b>Route</b>	<b>Dose (mg)</b>
Calcium Gluconate	IV	1 g over 10 min

## **ACUTE PULMONARY EDEMA**

Consider Anesthesia/ICU consult and airway management

<b>Drug</b>	<b>Route</b>	<b>Dose (mg)</b>
Lasix	IV	10-40 mg X 1; may be increased by 20 mg every 2 Hours (Max dose 200 mg/dose)

## **ANTENATAL STEROIDS FOR FETAL LUNG MATURITY**

<b>Drug</b>	<b>Route</b>	<b>Dose (mg)</b>
Betamethasone	IM	12 mg every 24 hours X 2 doses
Dexamethasone	IM	6 mg every 12 hours X 4 doses

### References:

1. Labetalol for hypertensive emergency in pregnancy. *Obstetrics and Gynecology*. 2013; Vol 122. November, No. 5.
2. Duley L, Meher S, Jones L. Drugs for treatment of a very high blood pressure during pregnancy (Review). The Cochrane Database of Systematic Reviews 2013, Issue 7.
3. Vadhera R, Simon M. Hypertensive Emergencies in Pregnancy. *Clinical Obstetrics and Gynecology*. 2014; Vol 57. No 4.
4. Cunningham F, Leveno K, Bloom S. Williams Obstetrics, 24<sup>th</sup> Edition. McGraw Hill. 2014. Pages 757-758.
5. Robert D, Dalziel S. Antenatal corticosteroids for accelerating fetal lung maturity for women at risk of preterm birth. *Cochrane Database Syst. Rev.* 2006.