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Do NOT Use Abbreviations  
Write Clearly

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**BLOOD PRESSURE MANAGEMENT OF SEVERE INTRAPARTUM OR POSTPARTUM  
HYPERTENSION (HYDRALAZINE)**

# 671

Revised 02/13

Instructions: All orders are to be implemented unless crossed through by the ordering provider.

Exception: Orders with ☐ must be checked to be implemented.

Any changes to the order set must be initialed by the ordering provider, e.g. deletions or additions

**If uncertain drug history, implement Labetalol Blood Pressure Management order set instead**

**NURSING:**

1. Notify physician and initiate following protocol when systolic blood pressure is equal to or more than 160 mmHg OR the diastolic blood pressure is equal to or more than 105 mmHg (confirmed by repeating blood pressure in 5 minutes)
2. Once patient's blood pressure is below the threshold listed above, repeat blood pressure every 10 minutes for 1 hour, every 15 minutes for 1 hour, every 30 minutes for 1 hour, every hour for 4 hours and then every 4 hours. Note caffeine intake within 30 minutes.
3. Additional blood pressure monitoring: \_\_\_\_\_
4. Patient to remain in/transfer to LDR/Birthrooms unless postpartum.

**LABORATORY:**

- ☐ Drugs of Abuse Screen (DRUGAB)
- ☐ Thyroid Stimulating Hormone (TSH)

**MEDICATIONS:**

1. Administer hydralazine, 5 mg IV over 2 minutes and repeat blood pressure in 15 minutes.
2. If either blood pressure threshold is still exceeded, administer hydralazine 10 mg IV over 2 minutes and repeat blood pressure in 15 minutes.
3. If either blood pressure threshold is still exceeded, administer labetalol 20 mg IV over 2 minutes and repeat blood pressure in 10 minutes
4. If either blood pressure threshold is still exceeded, administer labatalol 40 mg IV over 2 minutes and clarify with attending physician if maternal-fetal medicine, internal medicine or anesthesia consult is desired regarding blood pressure control and repeat blood pressure in 10 minutes.
5. Additional Medications: \_\_\_\_\_

\_\_\_\_\_  
Physician Signature\_\_\_\_\_  
Physician Provider #\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date\_\_\_\_\_  
Time

 **WESLEY**  
Medical Center  
**BP MANAGEMENT OF SEVERE INTRAPARTUM OR  
POSTPARTUM HYPERTENSION (HYDRALAZINE)**



\*POS\*

Patient Identification

MR671 (R02.13)

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