DATE	TIME	ORDERS: Blood Pressure Management
		Allergies: Weight in kg:
		Provider:
		If <u>NOT</u> eligible for fibrinolytic therapy:
		For SBP <u><</u> 220 or DBP <u><</u> 120:
		 Observe unless other end-organ involvement (e.g. aortic dissection, acute MI, pulmonary edema, hypertensive encephalopathy).
		• Treat other symptoms of stroke (e.g. headache, pain, agitation, nausea, vomiting).
		 Treat other acute complications of stroke, including hypoxia, increased intracranial pressure, seizures, or hypoglycemia.
		For SBP > 220 or DBP 121-140:
		Labetalol 10 to 20 mg IV for 1 to 2 minutes. ***May repeat or double every 10 min. (max dose 300mg).
		<u>OR</u>
		 Nicardipine 5 mg/hr. IV infusion as initial dose; titrate to desired effect by increasing 2.5 mg/hr. every 5 min. to max of 15 mg/hr. ***Aim for a 10% to 15% reduction in blood pressure.
		Cleviprex 1mg/hr IV for SBP< 220 or DBP=121-140: 1-2 mg/hr IV infusion as initial dose; titrate to desired goal by doubling dose at 90 second intervals. As BP goal approaches, adjustments should be less than doubling, at 5-10 minute intervals with a max dose of 16mg/hr.
		For DBP > 140:
		 Nitroprusside 0.5 mcg/kg/min IV infusion as initial dose with continuous BP monitoring. Aim for a 10% to 15% reduction in blood pressure.
		 Keep NPO until screened for swallow evaluation. Consult with patient and family on decision for transport or comfort care. Consult with Primary stroke center physician/neurologist on call and obtain acceptance if applicable Complete REGION 6 forms and transport to accepting facility.

PHYSICIAN SIGNATURE: _____ Date/Time: _____

*****PATIENT LABEL*****

