**Hypertensive Emergency Checklist**

**Hypertensive Emergency:**
- Two severe BP values (≥160/110) taken 15-60 minutes apart. Values do not need to be consecutive.
- May treat within 15 minutes if clinically indicated

- Call for Assistance
- Designate:
  - Team leader
  - Checklist reader/recorder
  - Primary RN
- Ensure side rails up
- Ensure medications appropriate given patient history
- Administer seizure prophylaxis (magnesium sulfate first line agent, unless contraindicated)
- Antihypertensive therapy within 1 hour for persistent severe range BP
- Place IV; Draw preeclampsia labs
- Antenatal corticosteroids (if <34 weeks of gestation)
- Re-address VTE prophylaxis requirement
- Place indwelling urinary catheter
- Brain imaging if unremitting headache or neurological symptoms
- Debrief patient, family, and obstetric team

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**Magnesium Sulfate**

Contraindications: Myasthenia gravis; avoid with pulmonary edema, use caution with renal failure

**IV access:**
- Load 4-6 grams 10% magnesium sulfate in 100 mL solution over 20 min
- Label magnesium sulfate; Connect to labeled infusion pump
- Magnesium sulfate maintenance 1-2 grams/hour

**No IV access:**
- 10 grams of 50% solution IM (5 g in each buttock)

**Antihypertensive Medications**

For SBP ≥ 160 or DBP ≥ 110
(See SMI algorithms for complete management when necessary to move to another agent after 2 doses.)

- **Labetalol** (initial dose: 20mg); Avoid parenteral labetalol with active asthma, heart disease, or congestive heart failure; use with caution with history of asthma
- **Hydralazine** (5-10 mg IV* over 2 min); May increase risk of maternal hypotension
- **Oral Nifedipine** (10 mg capsules); Capsules should be administered orally, not punctured or otherwise administered sublingually

* Maximum cumulative IV-administered doses should not exceed 220 mg labetalol or 25 mg hydralazine in 24 hours

**Note:** If first line agents unsuccessful, emergency consult with specialist (MFM, internal medicine, OB anesthesiology, critical care) is recommended

**Anticonvulsant Medications**

For recurrent seizures or when magnesium sulfate contraindicated

- **Lorazepam (Ativan)**: 2-4 mg IV x 1, may repeat once after 10-15 min
- **Diazepam (Valium)**: 5-10 mg IV q 5-10 min to maximum dose 30 mg

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Safe Motherhood Initiative

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