**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
- Maximum cumulative IV-administered dose of hydralazine should not exceed 25 mg in 24 hours
- 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.

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**Safe Motherhood Initiative**

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