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)

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**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

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**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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† “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.

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Revised July 2017

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Safe Motherhood Initiative