**Unique Plan Description: OB Orders for Severe Peripartum Hypertension with labetalol**

**Plan Selection Display: OB Orders for Severe Intrapartum Hypertension**

**PlanType: Medical**

**Version: 3 (Testing)Begin Effective Date: 12/31/2100 00:00**

**End Effective Date: Current**

**Available at: *Hospital ANMC***

**Initial Treatment**

**Communication**

Notify Provider Vital Signs

*Notify MD if SBP ≥ 160 or DBP ≥ 110 and institute fetal surveillance if undelivered*

* Notify Provider Vital Signs and initiate Labetalol medication administration

*Notify MD if SBP ≥ 160 or DBP ≥ 110 on 2 consecutive readings, 15 minutes apart, BP should be taken with appropriate cuff in a sitting or semi-reclining position with the back supported.*

*If pre-eclampsia, then Magnesium Sulfate infusion as per "OB Preeclampsia and Magnesium IV Administration" protocol (4g bolus over 30 minutes, then 2g/hr)*

*Repeat and record pulse and BP q 10 minutes until target range of SBP <160 and DBP <110*

*Once the target BP is achieved, repeat BP measurement 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*

Notify Provider Vital Signs

*HR < 60, Hold labetalol and notify MD*

**Vital Signs**

Vital Signs

*T;N, q10min, until blood pressure target range of SBP <160 and DBP <110*

Strict ins/outs

**Patient Care**

Fetal Monitoring

*Continuous*

Peripheral IV Insertion

lidocaine 4% topical cream

*1 app, TOP, Cream, As Directed PRN, PRN Reason: Painful Procedure, Special Instruction: To numb vascular access site(s); use as directed per physician*

Reference Text for Severe Intrapartum Hypertension

**IV Solutions**

LR bolus

*500 L, IV, Once*

**Medications**

***Labetalol Pathway***

labetalol inj

*20 mg, IV Push, q2hr PRN, PRN Reason: Hypertension*

*Comments: Give for SBP ≥160 or SBP ≥ 110, hold for HR < 60 bpm. Total cumulative IV dose not to exceed 300 mg/24 hrs. Give over 2 minutes. Repeat BP in 10 minutes*

labetalol inj

*40 mg, IV Push, q2hr PRN, PRN Reason: Hypertension*

*Comments: Give AFTER 10 minutes and a TOTAL of 20 mg IV labetalol for continued SBP ≥ 160 or DBP ≥ 110. Hold for HR < 60 bpm. Total cumulative IV dose not to exceed 300 mg/24 hrs. Give over 2 minutes. Repeat BP in 10 minutes*

labetalol inj

*80 mg, IV Push, q2hr PRN, PRN Reason: Hypertension*

*Comments: Give AFTER 10 minutes and a TOTAL of 60 mg IV labetalol for continued SBP ≥ 160 or DBP ≥ 110. Hold for HR < 60 bpm. Total cumulative IV dose not to exceed 300 mg/24 hrs. Give over 2 minutes. Repeat BP in 10 minutes.*

hydrALAZINE inj

*5 mg, IV Push, q2hr PRN, PRN Reason: Hypertension*

*Comments: Give AFTER 10 minutes and a TOTAL of 140 mg IV labetalol for continued SBP ≥ 160 or DBP ≥ 110. Hold for HR < 60 bpm. Total cumulative IV dose not to exceed 25 mg in 24 hours. Give over 2 minutes. Repeat BP in 20 minutes.*

hydrALAZINE inj

*10 mg, IV Push, q2hr PRN, PRN Reason: Hypertension*

*Comments: Give AFTER 20 minutes, a TOTAL of 140 mg IV labetalol and a TOTAL of 5mg of IV hydralazine for continued SBP ≥ 160 or DBP ≥ 110. Hold for HR < 60 bpm. Total cumulative IV dose not to exceed 25 mg in 24 hours. Give over 2 minutes. Repeat BP in 20 minutes.*

hydrALAZINE inj

*10 mg, IV Push, q2hr PRN, PRN Reason: Hypertension*

*Comments: Give AFTER 20 minutes, a TOTAL of 140 mg IV labetalol and a TOTAL of 15mg of IV hydralazine for continued SBP ≥ 160 or DBP ≥ 110. Hold for HR < 60 bpm. Total cumulative IV dose not to exceed 25 mg in 24 hours. Give over 2 minutes. Repeat BP in 20 minutes.*

Communication Order

*If either BP threshold (systolic BP ≥ 160 or diastolic ≥ 110) persists 20 minutes after administering hydralazine 10mg consider MFM consult and transfer to CCU.*

**Standing Medication:**

**Titrate up to maximum dose on 1 agent before adding a second agent.**

NIFEdipine 30 mg extended release oral tablet (Drop-down to select Frequency)

*30 mg XL Oral Daily*

*30 mg XL Oral BID*

*Comments: Not to exceed 180mg/24 hours. Hold for SBP <100 or DBP <60*

NIFEdipine 60 mg extended release oral tablet (Drop-down to select Frequency)

*60mg XL Oral Daily*

*60mg XL Oral BID*

*Comments: Not to exceed 180mg/24 hours. Hold for SBP <100 or DBP <60*

NIFEdipine 90 mg extended release oral tablet (Drop-down to select Frequency)

*90mg XL Oral Daily*

*90mg XL Oral BID*

*Comments: Not to exceed 180mg/24 hours. Hold for SBP <100 or DBP <60*

Labetalol 200mg oral tablet (Drop-down to select Frequency)

*200 mg Oral BID*

*200 mg Oral TID*

*200 mg Oral QID*

*Comments: Not to exceed 2400 mg/24 hours. Hold forf HR <60. Hold forS BP < 100 or DBP < 60*

Labetalol 300mg oral tablet (Drop-down to select Frequency)

*300mg Oral BID*

*300mg Oral TID*

*300mg Oral QID*

*Comments: Not to exceed 2400 mg/24 hours. Hold forf HR <60. Hold forS BP < 100 or DBP < 60*

Labetalol 400mg (Drop-down to select Frequency)

*400mg Oral BID*

*400mg Oral TID*

*400mg Oral QID*

*Comments: Not to exceed 2400 mg/24 hours. Hold forf HR <60. Hold forS BP < 100 or DBP < 60*

Labetalol 800mg (Drop-down to select Frequency)

*800mg Oral BID*

*800mg Oral TID*

*Comments: Not to exceed 2400 mg/24 hours. Hold forf HR <60. Hold forS BP < 100 or DBP < 60*

Reviewed and approved 03/19/20 by OB-GYN, IP Pharmacy

**\*Report Legend:**

DEF - This order sentence is the default for the selected order

GOAL - This component is a goal

IND - This component is an indicator

INT - This component is an intervention

IVS - This component is an IV Set

NOTE - This component is a note

Rx - This component is a prescription

SUB - This component is a sub phase