

**Acute Ischemic Stroke
Initial Management of Severe Hypertension
Patients Eligible for Thrombolytic Therapy**

Directions: 1. Indicate choice when options are available by placing a check in the box
2. Mark through entire line any prechecked item you **do not** wish to order mark through

Attending Physician: _____ Diagnosis: _____

Observation Status Admission for Inpatient Care Admit or transfer to: _____ Unit Outpatient

ALLERGIES: NKA ALLERGIC to:

Blood pressure management prior to IV or IA Tissue plasminogen activator (tPA) therapy:

VITAL SIGNS:

Measure blood pressure every 15 minutes

If Systolic BP is greater than 185 mmHg or Diastolic BP is greater than 110 mmHg; THEN:

Recheck blood pressure in 5 minutes; THEN

MEDICATIONS: Do not lower systolic blood pressure below 120 mmHg

If Systolic BP remains greater than 185 mmHg or Diastolic BP is greater than 110 mmHg; THEN

choose one of the following anti-hypertensive regimens:

- Labetalol (Trandate)** 10 mg IV over 1 minute
- Labetalol (Trandate)** 20 mg IV over 1 minute
- Nitropaste** apply 1 inch topically (remove if systolic BP falls lower than 110 mmHg and wash area)
- Nitropaste** apply 2 inches topically (remove if systolic BP falls lower than 110 mmHg and wash area)
- Nicardipine (Cardene) infusion** 5 mg/hour, titrate in increments up to 2.5 mg/hour at 5-10 minute intervals to a maximum dose of 15 mg/hour. Titrate to keep SBP between 120mmHg-185mmHg
- Once the SBP is between 120mmHg to 185mmHg; THEN
Start **Tissue plasminogen activator (tPA) using CHH # _____**

Blood pressure management during and after IV or IA tPA therapy:

VITAL SIGNS:

- Blood pressure every 15 minutes x 8 (2 hours); THEN
- Blood pressure every 30 minutes x 12 (6 hours); THEN
- Blood pressure every 1 hour until 24 hours after therapy

If systolic BP between 180mmHg and 230 mmHg or diastolic BP between 105 mmHg and 120 mmHg; THEN

Recheck blood pressure in 5 minutes; THEN

MEDICATIONS: Do not lower systolic blood pressure below 120 mmHg

If systolic BP remains greater than 180mmHg or diastolic BP remains greater than 105 mmHg; THEN

choose one one of the following anti-hypertensive regimens:

- Labetalol (Trandate)** 10 mg IV over 1-2 minutes; every 10-20 minutes to maximum of 300 mg; **OR**
- Labetalol (Trandate) 10 mg IV over 1-2 minute; THEN
Start **labetalol (Trandate) infusion IV at 2 mg/minute**

Patient Identification

