

DATE	TIME	ORDERS:	Blood Pressure Management
		Allergies:	Weight in kg:
		Provider:	
		<p>If <u>NOT</u> eligible for fibrinolytic therapy:</p> <p>For SBP \leq 220 or DBP \leq 120:</p> <ul style="list-style-type: none"> • Observe unless other end-organ involvement (e.g. aortic dissection, acute MI, pulmonary edema, hypertensive encephalopathy). • Treat other symptoms of stroke (e.g. headache, pain, agitation, nausea, vomiting). • Treat other acute complications of stroke, including hypoxia, increased intracranial pressure, seizures, or hypoglycemia. <p>For SBP > 220 or DBP 121-140:</p> <p><input type="checkbox"/> Labetalol 10 to 20 mg IV for 1 to 2 minutes. ***May repeat or double every 10 min. (max dose 300mg).</p> <p style="text-align: center;"><u>OR</u></p> <p><input type="checkbox"/> Nicardipine 5 mg/hr. IV infusion as initial dose; titrate to desired effect by increasing 2.5 mg/hr. every 5 min. to max of 15 mg/hr. ***Aim for a 10% to 15% reduction in blood pressure.</p> <p><input type="checkbox"/> Cleviprex 1mg/hr IV for SBP< 220 or DBP=121-140: 1-2 mg/hr IV infusion as initial dose; titrate to desired goal by doubling dose at 90 second intervals. As BP goal approaches, adjustments should be less than doubling, at 5-10 minute intervals with a max dose of 16mg/hr.</p> <p>For DBP > 140:</p> <ul style="list-style-type: none"> • Nitroprusside 0.5 mcg/kg/min IV infusion as initial dose with continuous BP monitoring. Aim for a 10% to 15% reduction in blood pressure. 	
		<ul style="list-style-type: none"> • Keep NPO until screened for swallow evaluation. • Consult with patient and family on decision for transport or comfort care. • Consult with Primary stroke center physician/neurologist on call and obtain acceptance if applicable • Complete REGION 6 forms and transport to accepting facility. 	

PHYSICIAN SIGNATURE: _____ Date/Time: _____

*****PATIENT LABEL*****

KIRBY  HOSPITAL