

Treatment of Arterial Hypertension in Acute Ischemic Stroke

For blood pressure level at or above 185 mm Hg systolic or diastolic 110 mm Hg diastolic

Labetalol 10 to 20 mg IV over 1 to 2 minutes, may repeat X1;

or

Nicardipine infusion, 5 mg/h, titrate up by 2.5 mg/h at 5 to 15-minute intervals, maximum dose 15 mg/h; when desired blood pressure attained, reduce to 3 mg/h

If blood pressure does not decline and remains above 185/110 mm Hg, ***do not administer tPA***

For blood pressure level 180 to 230 mm Hg systolic or 105 to 120 mm Hg diastolic

Labetalol 10 mg IV over 1 to 2 minutes, may repeat every 10 to 20 minutes, maximum dose of 300 mg;

or

Labetalol 10 mg IV followed by an infusion at 2 to 8 mg/min

For blood pressure level above 230 mm Hg systolic or 121 to 140 mm Hg diastolic

Labetalol 10 mg IV over 1 to 2 minutes, may repeat every 10 to 20 minutes, maximum dose of 300 mg;

or

Labetalol 10 mg IV followed by an infusion at 2 to 8 mg/min;

or

Nicardipine infusion, 5 mg/h, titrate up to desired effect by increasing 2.5 mg/h every 5 minutes to maximum of 15 mg/h

If blood pressure not controlled, consider sodium nitroprusside

Monitor blood pressure every 15 minutes during treatment and then for another 2 hours, then every 30 minutes for 6 hours, and then every hour for 16 hours

From Guidelines for the Early Management of Adults With Ischemic Stroke: *Stroke* 2007;38;1655-1711

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