ACUTE HYPERTENSIVE CONTROL

NIFEDIPINE

Dose

- 10-20 mg PO, repeat in 20 min PRN --> 10-20 mg q 2-6 hrs; max daily dose 180 mg

Onset

- 5-10 mins

Other

- Monitor for reflex tachycardia & headaches

HYDRALAZINE

Dose

- 5mg IV or IM --> 5-10 mg IV q 20-40 mins to max cum dose of 20 mg OR
- Constant infusion 0.5-10 mg/hr

Onset

- 10-20 mins

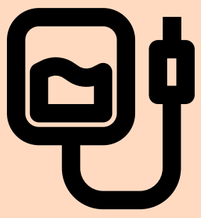
Other

- ↑ dosage assoc w/ hypotension, headaches, abnormal FHT

LABETALOL

Dose

- 10-20 mg IV --> 20-80 mg q10-30 to max cum. dose of 300 mg OR
- Constant infusion 1-2 mg/min IV



Onset

- 1-2 mins

Other

- Caution in asthmatics
- Avoid in preexisting myocardial disease, decompensated cardiac function, heart block, and bradycardia

IF PULSE PRESSURE HIGH

(i.e. speed so fast you would be pulled over)

Aim to ↓ CO:

"Too much" blood going through heart

- Labetalol via ↓ HR
- Diuretics via ↓ SV

*Note: diuretics too slow in acute settings

IF PULSE PRESSURE LOW

(i.e. speed so slow you would be pulled over)

Aim to ↑ CO

- Nifedipine via ↓TPR
- Hydralazine via ↓TPR
- Pain control

CO = HR x SV
CO = MAP/TPR

MAP = DP + 1/3 SV
CO = (DP+1/3 SV) / TPR

Created by Leeann Bui, MD

Pulse pressure analogy graciously stolen from Michael Beninati, MD