**Stroke-Ischemic Hypertension Protocol Version 1 2/6/2014**

**Medications**

***Antihypertensives Prior to tPA:***

***For Blood Pressure greater than 180/110 mmHg prior to tPA SELECT:***

labetalol 5 mg/mL IV

10 milligram intravenous push over 1-2 minutes for BP > 180/110 mmHg; May repeat x 1

***If blood pressure not controlled with labetalol IV push doses SELECT:***

niCARdipine in D5W 25 mg/250 mL (0.1 mg/mL) IV

5 milligram/hour continuous intravenous infusion and titrate to keep SBP less than 180 mmHg or DPB less than 105 mmHg by increasing infusion by 2.5 milligram/hour every 5-15 minutes to a maximum of 15 milligram/hour Monitor BP every 10 minutes if elevated

***Antihypertensives During or Post tPA***

***For Systolic Blood Pressure > 180-230 mmHg or Diastolic Blood Pressure > 105-120 mmHg SELECT:***

labetalol 5 mg/mL IV

10 milligram intravenous push over 1-2 minutes for SBP > 180-230 mmHg or DBP > 105-120 mmHg; May repeat x 1

***If blood pressure not controlled with labetalol IV push doses SELECT:***

niCARdipine in D5W 25 mg/250 mL (0.1 mg/mL) IV

5 milligram/hour continuous intravenous infusion and titrate to keep SBP less than 180 mmHg or DPB less than 105 mmHg by increasing infusion by 2.5 milligram/hour every 5-15 minutes to a maximum of 15 milligram/hour Monitor BP every 10 minutes if elevated

***If Blood Pressure not controlled by niCARdipine infusion SELECT:***

nitroprusside (NITROPRESS) 50 mg/250 mL NS

0.5 microgram/kilogram per minute continuous intravenous infusion and titrate to keep SBP less than 180 mmHg or DPB less than 105 mmHg [MAX 10 microgram/kilogram per minute] Monitor BP every 10 minutes if elevated

**IV/ Line Placement**

***IF niCARdipine or nitroprusside continuous infusion is initiated SELECT:***

Arterial IV insert/maintain