



Guidelines for Management of Hypertension In Acute Ischemic Stroke Patients Eligible, During and After Treatment with IV t-PA

If patient is otherwise considered eligible for treatment with IV t-PA and SBP >185 mm Hg or DBP >110 mm Hg:

➤ Start treatment to decrease BP with one of the following before starting t-PA:

- Labetalol 10 - 20 mg IV over 1-2 minutes; may repeat once

OR

- Nicardipine infusion at 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 is attained, reduce to 3 mg/h

➤ If SBP remains >185 mm Hg or DBP remains > 110 mm Hg – Do not administer IV t-PA

➤ Management of Blood Pressure During and After Treatment With IV t-PA

- Monitor BP:
 - Every 15 minutes during t-PA infusion and for 2 hours after infusion
 - Then every 30 minutes for 6 hours
 - Then every hour for 16 hours

➤ Maintain SBP <180 mm Hg and DBP <105 mm Hg

➤ If SBP is > 180 mm Hg or DBP is > 105 mm Hg give:

- Labetalol 10 mg IV over 1-2 minutes. May repeat every 10 -20 minutes up to maximum dose of 300 mg/day

OR

- Labetalol 10 mg IV over 1 - 2 minutes x 1; followed by labetalol infusion (1 mg/1 mL) at 2 to 8 mg/min up to maximum cumulative dose of 300 mg/day

OR

- Nicardipine infusion at 5 mg/h; titrate up to desired effect by increasing 2.5 mg/h every 5 minutes to maximum dose of 15 mg/h

Jauch EC, Saver JL, et al, Guidelines for the Early Management of Patients With Acute Ischemic Stroke: a Guideline for Healthcare Professionals from the American Heart Association/American Stroke Association, Council on Cardiovascular Nursing, Council on Peripheral Vascular Disease, and Council on Clinical Cardiology. *Stroke*. 2013;44;870-947: Includes changes made by Lee Birnbaum, MD, Medical Director of UHS Stroke Program.

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