Example

Hypertensive Emergency Checklist

Two severe BP values (≥160/110) taken 15-60 minutes apart. Values do not need to be consecutive.
May treat within 15 minutes if clinically indicated.

□ **Call for Assistance**

□ **Designate:**
- □ **Team leader**
- □ **Checklist reader/recorder**
- □ **Primary RN**

□ **Ensure side rails up / padding if possible**

□ **Institute fetal surveillance if viable**

□ **Place IV / Draw preeclampsia labs**

□ **Antihypertensive therapy within 1 hour for persistent severe range BP**

□ **Administer seizure prophylaxis**

□ **Antenatal corticosteroids (if indicated)**

□ **Place indwelling urinary catheter**

□ **If first line agents unsuccessful, emergency consult with specialist (MFM, internal medicine, OB anesthesiology, critical care) is recommended**

□ **Brain imaging if unremitting headache or neurological symptoms**

□ **Debrief patient, family, and obstetric team**

Magnesium Sulfate

Contraindications: myasthenia gravis; avoid with pulmonary edema, use caution with renal failure

IV access:
□ Load 4-6 grams 10% magnesium sulfate in 100 mL solution over 20 min
□ Label magnesium sulfate
□ Connect to labeled infusion pump
□ Maintenance 1-2 grams/hour

No IV access:
□ 10 grams of 50% solution IM (5 g in each buttock)

If contra-indicated:
Levetiracetam can be considered as a second line agent

Antihypertensive Medications (see table)

Labetalol

- Maximum cumulative IV dose in 24 hours : 300 mg
- Hold IV labetalol for maternal pulse under 60
- Avoid parenteral labetalol with active asthma, heart disease, or congestive heart failure
- Use with caution with history of asthma

Active asthma is defined as symptoms at least:
- Once a week, or
- Use of an inhaler, corticosteroids for asthma during the pregnancy, or
- Any history of intubation or hospitalization for asthma.

Hydralazine

- Maximum cumulative IV dose in 24 hours: 20 mg
- May increase risk of maternal hypotension

Oral Nifedipine (immediate-release)

- Maximum daily dose: 180 mg
- Capsules should be administered orally, not punctured or otherwise administered sublingually

Guidance on Head Imaging

- Patients with seizures who do not fit the diagnosis of preeclampsia
- Persistent neurologic deficit
- Prolonged loss of consciousness
- Onset of seizures > 48 hours after giving birth
- Onset of seizures < 20 weeks
- Seizures despite magnesium therapy

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PROTOCOLS FOR THE TREATMENT OF SEVERE HYPERTENSION *SBP ≥ 160 mm Hg or DBP ≥ 110 mm Hg and persistent for 15 minutes*							
Time (min)	**0**	**10**	**20**	**30**	**40**	**50**	**60**
LABETALOL (IV)	**20 mg IV**	SBP ≥ 160 or DBP ≥ 110 **40 mg IV**	SBP ≥ 160 or DBP ≥ 110 **80 mg IV**	SBP ≥ 160 or DBP ≥ 110 **10 mg IV HYDRALAZINE**		SBP ≥ 160 or DBP ≥ 110 **CONSULT AND TREAT**	

Time (min)	**0**	**10**	**20**	**30**	**40**	**50**	**60**
HYDRALAZINE (IV)	**5-10 mg IV**		SBP ≥ 160 or DBP ≥ 110 **10 mg IV**		SBP ≥ 160 or DBP ≥ 110 **20 mg IV LABETALOL**	SBP ≥ 160 or DBP ≥ 110 **40 mg IV LABETALOL CONSULT AND TREAT**	

Time (min)	**0**	**10**	**20**	**30**	**40**	**50**	**60**
NIFEDIPINE (PO)	**10 mg PO**		SBP ≥ 160 or DBP ≥ 110 **20 mg PO**		SBP ≥ 160 or DBP ≥ 110 **20 mg PO**		SBP ≥ 160 or DBP ≥ 110 **20 mg IV LABETALOL CONSULT AND TREAT**

Adapted from Fishel Bartal M, Sibai BM. Eclampsia in the 21st century. Am J Obstet Gynecol. 2022 Feb;226(2S):S1237-S1253.

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