Guidelines for Management of Hypertension In Acute Ischemic Stroke

If the patient is otherwise considered eligible for treatment with IV t-PA, & SBP >180 mm Hg or DBP >105 mm Hg:

- Start treatment to decrease BP with one of the following before starting t-PA:
  - labelol 10 - 20 mg IV over 1-2 minutes; may repeat once
  OR
  - nicardipine infusion at 5 mg/h,
    - titrate up to 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 >180 mm Hg or DBP remains > 105 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

- Treat elevated BP as follows:
  - If SBP is between 180 – 230 mm Hg or DBP is between 105 - 120 mm Hg, give:
    - Labetalol 10 mg IV over 1-2 minutes; may repeat every 10 -20 minutes up to maximum dose of 300 mg
    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

  - If SBP > 230 mm Hg or DBP > 121 - 140 mm Hg, give
    - Labetalol 10 mg IV over 1-2 minutes; may repeat every 10 - 20 minutes up to maximum dose of 300 mg
    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
    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
    OR
    - If blood pressure is not controlled, consider sodium nitroprusside

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