

Name MRN DOB Patient Identification	VCU Health System MCV Hospitals and Physicians Richmond, Virginia 23298 Acute Stroke Blood Pressure Management
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Blood Pressure Management Guidelines 1st 24 Hours

Blood pressure management is based on individual factors. A cautious approach to treatment is recommended. Patients who have other medical indications for aggressive treatment of BP should be treated as indicated (eg acute MI, pulmonary edema, hypertensive encephalopathy, aortic dissection).

Ischemic Stroke patients not eligible for thrombolytic therapy including IV-TPA

- Systolic BP < 220 or Diastolic BP < 120 mmHg: Observe unless other medical indication for treatment
- Systolic BP > 220 or Diastolic BP >120 mmHg or MAP >120 mmHg: Initiate treatment, goal to lower BP 15% over 1st 24 hrs
- Diastolic BP >140 mmHg: Nitroprusside 0.5 mcg/kg/min IV infusion as initial dose, goal to lower diastolic BP 10-15%

Ischemic Stroke patients eligible for thrombolytic therapy including IV-TPA

- Systolic BP <185 or Diastolic BP <110 mmHg: Observe unless other medical indication for treatment
- Systolic BP >185 or Diastolic BP >110 mmHg: Initiate treatment

Ischemic Stroke patients during and after thrombolytic therapy including IV-TPA

- Maintain BP <180/105 mmHg
- Monitor BP every 15 min during treatment and 1 hr after treatment, then every 30 min for 6 hrs, then every 1 hr for 16 hrs
- BP <180/105 mmHg: Observe unless other medical indication for treatment
- BP >180/105 mmHg: Initiate treatment

Spontaneous Intracerebral Hemorrhage (ICH)

- Systolic BP <180 mmHg or MAP <130 mmHg: Consider close monitoring with no specific treatment
- Systolic BP >180 mmHg or MAP >130 mmHg and NO ELEVATION ICP: Initiate treatment; target BP 160/90 mmHg or MAP 110 mmHg
- Systolic BP >180 mmHg or MAP >130 mmHg and ELEVATED ICP: Consult Neurosurgery to monitor ICP and initiate treatment to target cerebral perfusion pressure (CPP) >60-80 mmHg
- Systolic BP >200 mmHg or MAP >150 mmHg: Initiate continuous IV treatment

Spontaneous Subarachnoid Hemorrhage (SAH)

- MAP <130 mmHg and no end organ damage: Consider close monitoring with no specific treatment
- MAP >130 mmHg or end organ damage: Initiate treatment

Agents for Blood Pressure Management (Labetalol, Nicardipine preferred initial treatment)

Labetalol: IV bolus 5-20 mg every 15 min; IV infusion 2 mg/min (max 300 mg/day)

Nicardipine: IV infusion 5-15 mg/hr

Esmolol: IV bolus 250 mcg/kg loading dose; IV infusion 25-300 mcg/kg/min

Enalapril: IV bolus test dose 0.625 mg, monitoring for precipitous BP lowering, then 1.25-5 mg IV bolus every 6 hrs

Hydralazine: IV bolus 5-20 mg every 30 min

Nitroglycerin: IV infusion 20-400 mcg/min

Nitropaste: 1-2 inches

Nitroprusside: IV infusion 0.1-10 mcg/kg/min