

# ACUTE ISCHEMIC STROKE / RULE OUT STROKE / TIA ADMISSION ORDERS

## BLOOD PRESSURE MANAGEMENT

### THROMBOLYTICS (t-PA)/THROMBOLYTIC (t-PA) CANDIDATES

#### GOAL: SBP 110-180 / DBP <105

**NITROPRUSSIDE (NIPRIDE) PROTOCOL FOR BLOOD PRESSURE MANAGEMENT**

**Recommended when SBP > 220 or DBP >120**

1. Nipride 50 mg in 250 ml D5W (concentration = 200 micrograms/mL)
2. Initial dose: 0.25 micrograms/kg/min and gradually titrate upward every few minutes to maintain SBP 110-180 mmHg  
DBP <105 mmHg
3. Maximum rate of infusion: 10 micrograms/kg/min
4. If SBP remains SBP >220 or DBP >120 after 1 minutes, increase dose by 1 microgram/kg/min increments q2 minutes until goal BP reached or total 10 micrograms/kg/min given.
5. If goal SBP (see above) is not reached within 5 minutes following total of 10 micrograms/kg/min, notify Physician.

**NITROPASTE PROTOCOL FOR BLOOD PRESSURE MANAGEMENT**

**Recommended when SBP 180-220 or DBP 105-140**

1. Nitropaste 1" to chest/back
2. Recheck BP in 10 minutes.
3. If reduction in SBP to 180 or less or DBP to 105 or less, notify physician.

**LABETALOL PROTOCOL FOR BLOOD PRESSURE MANAGEMENT**

**Recommended when Nitropaste ineffective and SBP 180-220 or DBP 105-140 (HOLD HR <50)**

1. Initial Dose: 10 mg IV over 1 minute.
2. Recheck BP in 10 minutes.
3. If reduction in SBP to 180 or less or DBP to 105 or less not obtained, increase dose by 10 mg increments q10 minutes until incremental dose of 40mg given or SBP is 180 or less or DBP 105 or less.
4. If BP remains 180 or greater after 10 minutes, notify Physician. Advise of ESMOLOL **OR** DILTIAZEM **OR** VERAPAMIL protocol.

**OR**

**OR**

<p><b>ESMOLOL PROTOCOL FOR BLOOD PRESSURE MANAGEMENT</b> Recommended if Nitropaste <input type="checkbox"/> Labetalol is ineffective and SBP 180-220 or DBP 105-140 remains</p> <ul style="list-style-type: none"> <li>• 1. Initial dose: 500 micrograms/min/kg over 1 minute.</li> <li>2. Maximum infusion rate: 200 micrograms/kg</li> <li>3. If SBP &gt;180 after 5 minutes, give additional 500 micrograms/min/kg over 1 minute</li> <li>4. Notify physician</li> </ul>	<p><b>DILTIAZEM PROTOCOL FOR BLOOD PRESSURE MANAGEMENT</b> Recommended if Nitropaste <input type="checkbox"/> Labetalol is ineffective and SBP 180-220 or DBP 105-140 remains</p> <ul style="list-style-type: none"> <li>• 1. Initial dose: 5 mg IV bolus over 2 minutes.</li> <li>2. If SBP remains &gt;180 after 10 minutes, increase dose by 5 mg increments q10 minutes until incremental dose of 15 mg reached.</li> <li>3. Notify Physician</li> </ul>	<p><b>VERAPAMIL PROTOCOL FOR BLOOD PRESSURE MANAGEMENT</b> Recommended if Nitropaste <input type="checkbox"/> Labetalol is ineffective and SBP 180-220 or DBP 105-140 remains</p> <ul style="list-style-type: none"> <li>• 1. Initial dose: 2.5 mg IV bolus over 2 minutes.</li> <li>2. If SBP remains &gt;180 after 10 minutes, increase dose by 5 mg increments q15 minutes until incremental dose of 20mg is reached.</li> <li>3. Notify Physician</li> </ul>
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**If SBP <100**

**OR**

**OR**

<p><b>NORMAL SALINE PROTOCOL FOR BLOOD PRESSURE MANAGEMENT</b></p> <ul style="list-style-type: none"> <li>• 1. Initial dose: 0.9 Normal Saline 250 ml IV bolus.</li> <li>2. If SBP remains less than 100, repeat 250 cc IV bolus. If SBP remains less than 100, notify Physician.</li> </ul>	<p><b>DOPAMINE PROTOCOL FOR BLOOD PRESSURE MANAGEMENT</b></p> <ul style="list-style-type: none"> <li>• 1. Initial dose: 400 mg IV in 250ml D5W 10 micrograms/kg/min IV drip</li> <li>2. If SBP remains less than 100 after 5 minutes, increase dose by 2micrograms/kg/min q5 minutes until maximum rate of 20 micrograms/kg/min is achieved or SBP &gt;100.</li> <li>3. Notify Physician.</li> </ul>	<p><b>PHENYLEPHRINE PROTOCOL FOR BLOOD PRESSURE MANAGEMENT</b></p> <ul style="list-style-type: none"> <li>• 1. Initial dose: 100 microgram IV bolus over 1 minute</li> <li>2. If SBP remains less than 100 after 5 minutes, start IV drip at 100 micrograms/min and increase dose by 25 microgram/min increments until maximum infusion rate of 180 micrograms/min is achieved or SBP &gt;100.</li> <li>3. Notify Physician</li> </ul>
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**POST-THROMBOLYSIS, NOTIFY PHYSICIAN IF SBP > 180 or <100 ; DBP >105**

I certify I checked/X'd the above boxes: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
(Physician Signature)

# ACUTE ISCHEMIC STROKE / RULE OUT STROKE / TIA ADMISSION ORDERS

## BLOOD PRESSURE MANAGEMENT

### **PATIENTS NOT RECEIVING THROMBOLYTICS (t-PA)**

**GOAL: SBP >100 but <220**

#### **NITROPASTE PROTOCOL FOR BLOOD PRESSURE MANAGEMENT**

**Recommended when SBP 180-220 or DBP 105-140**

1. Nitropaste 1" to chest/back
2. Recheck BP in 10 minutes.
3. If reduction in SBP to 180 or less or DBP to 105 or less is not obtained, notify Physician.

#### **LABETALOL PROTOCOL FOR BLOOD PRESSURE MANAGEMENT**

**Recommended when Nitropaste ineffective and SBP 180-220 or DBP 105-140 (HOLD HR<50)**

1. Initial Dose: 10 mg IV over 1 minute.
2. Recheck BP in 10 minutes.
3. If reduction in SBP to 180 or less or DBP to 105 or less not obtained, increase dose by 10 mg increments q10 minutes until incremental dose of 40mg given or SBP is 180 or less or DBP 105 or less.
4. Notify Physician and advise of ENALAPRIL **or** VERAPAMIL protocols

**OR**

**ENALAPRIL PROTOCOL FOR BLOOD PRESSURE MANAGEMENT**  
**Recommended when Nitropaste  Labetalol ineffective and SBP > 220 or DBP >120**

1. Initial Dose: 1.25 mg IV SLOWLY over 5 minutes
2. If SBP >220 after 5 minutes, notify Physician.

**VERAPAMIL PROTOCOL FOR BLOOD PRESSURE MANAGEMENT**  
**Recommended if Nitropaste  Labetalol is ineffective and SBP 180-220 or DBP 105-140 remains**

1. Initial dose: 2.5 mg IV bolus over 2 minutes.
2. If SBP remains >220 after 10 minutes, increase dose by 5 mg increments q15 minutes until incremental dose of 20mg is reached.
3. Notify Physician

**If SBP <100**

**OR**

**NORMAL SALINE PROTOCOL FOR BLOOD PRESSURE MANAGEMENT**

**Recommended if SBP <100**

1. Initial dose: 0.9 Normal Saline 250 ml IV bolus.
2. If SBP remains less than 100, repeat 250 cc IV bolus.
3. If SBP remains less than 100, notify Physician

**DOPAMINE PROTOCOL FOR BLOOD PRESSURE MANAGEMENT**

**Recommended if SBP <100**

1. Initial dose: 400 mg IV in 250ml D5W 10 micrograms/kg/min IV drip
2. If SBP remains less than 100 after 5 minutes, increase dose by 2micrograms/kg/min q5 minutes until maximum rate of 20 micrograms/kg/min is achieved or SBP >100.
3. Notify physician.

I certify I checked/X'd the above boxes: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
(Physician Signature)