

Intravenous Antihypertensives

Lopressor (Metoprolol)

Dosing: 2.5 – 5 mg (may be repeated every 5 minutes up to a MAXIMUM total of 15mg)

- Administer by slow, direct IV push over a period of at least 2 minutes.
- Monitor blood pressure, heart rate and ECG during IV administration.

Normodyne (Labetalol)

Dosing: 10 – 20 mg (May titrate up to doses of 80 mg)

- Maximum cumulative dose: 300mg
- Patients must be kept in a supine position during IV administration.
- No dilution necessary.
- Inject slowly over a 2-minute period at intervals of 10 minutes.
- Monitor blood pressure before and at 5-minute intervals after each injection.

Vasotec (Enalaprilat)

Dosing: 0.625 – 1.25 mg IV q6 hours (may be titrated q6 up to a MAX of 5mg)

- Administer by slow, direct IV push over a period of at least 5 minutes.
- May be administered IV infusion or diluted in up to 50 ml saline or dextrose.
- Initial BP reduction occurs in 15 minutes; full response may not occur for up to 4 hours after dose

Apresoline (Hydralazine)

• Dosing: 5 – 20 mg IV q4-6 hours OR 10 – 50 mg IM q4-6 hours.

Note different doses between IM and IV

- IV hydralazine should be given at a rate of no greater than 10 mg per minute.
- Blood pressure and pulse should be monitored frequently.

Inderal (Propranolol)

Dosing:

Adult: 1 – 3 mg IV (give no faster than 1mg/minute). A Second dose may be given after 2 – 3 minutes if needed. Subsequent doses may give q 4 – 6 hours.

Pediatric: 10 – 20 mcg/kg (give by IV infusion over 10 minutes)

- No dilution necessary for adults
- Monitor ECG and central venous pressure during IV administration.

Isoptin (Verapamil)

• Dosing: (For PSVT's) 5 – 10 mg IV over at least 2 minutes (3 minutes in geriatric patients).

- If inadequate response seen after 30 minutes, may give additional 10mg
- No dilution necessary
- Monitor blood pressure, heart rate and ECG during IV administration.