

UWMC ED - BP Recommendations for Acute Stroke:

Ischemic Stroke → **No tPA**

Ischemic Stroke → **tPA eligible**

Ischemic Stroke → **tPA infusing or given**

➤ BP must be $\leq 185/110$ prior to treatment:

- Labetalol 10 mg IV over 1-2 minutes (hold HR < 55).
- May repeat Labetalol every 15 minutes, sequentially increasing each dose as follows: 20 mg, then 40 mg (hold for HR < 55).
- ***If requiring ≥ 2 doses of medication to reach BP goal, strongly consider NOT administering tPA.***

➤ SBP 180-230 mmHg or DBP 105-120 mmHg, repeat BP in 5-10 minutes. If BP remains in that range, give:

- Labetalol 10 mg IV over 1-2 minutes (hold for HR < 55).
- May repeat Labetalol every 15 minutes until effective, sequentially increasing each dose as follows: 20 mg, then 40 mg, then 60 mg (maximum bolus dose), up to a total does of 300 mg (hold for HR < 55).
- Monitor BP every 10 minutes until BP goal in range x 30 minutes without further treatment.

➤ SBP > 230 mmHg or DBP > 120 mmHg, give:

- Labetalol 20 mg IV over 2 minutes (hold for HR < 55).
- May repeat Labetalol every 15 minutes until effective, sequentially increasing each dose as follows: 40 mg, then 60 mg (maximum bolus dose), up to total dose of 300 mg (hold for HR < 55).
- If satisfactory response not attained, start:
 - Nicardipine infusion at 5 mg/hr, titrate by 2.5 mg/hr at 15-minute intervals to a maximum of 15 mg/hr.

➤ SBP > 220 mmHg or DBP > 120 mmHg, repeat BP in 5-10 minutes. If BP remains in that range, give:

- Labetalol 10 mg IV over 1-2 minutes (hold for HR < 55).
- May repeat Labetalol every 15 minutes until effective, sequentially increasing each dose as follows: 20 mg, then 40 mg, then 60 mg (maximum bolus dose), up to a total does of 300 mg (hold for HR < 55).
- Monitor BP every 10 minutes until BP goal in range x 30 minutes without further treatment.
- If satisfactory response not attained, start:
 - Nicardipine infusion @ 5 mg/hr, titrate at 2.5 mg/hr at 15-minute intervals to a maximum of 15 mg/hr.