

**PRETREATMENT = Before IV Bolus of rt-PA is Given**

**PRETREATMENT: If SBP > 185 or DBP >110:**

On repeated measurements 5 min apart

- **Labetalol:** 10 –20 mg IVP over 1-2 min. May repeat 1 time. Maximum dose of Labetalol = 50 mg
- OR**
- **Enalapril:** 1.25 – 2.5 mg IVP (peaks in 30 min) Avoid (furosemide) lasix, Do not use Nifedipine If BP still out of range for treatment, patient should not be treated

**POST TREATMENT = After IV Bolus of rt-PA is Given**

**POST TREATMENT: Keep systolic < 180, diastolic <105**

(From start of infusion, monitor BP q 15 minutes x 2 hours, then q 30 minutes x 6 hours, then q hour x 16 hours)

**For SBP 180 – 230 mmHg or DBP 105-120 mmHg:**

- **Labetalol:** 10 mg IV for 1-2 minutes; The dose may be repeated or doubled every 10-20 min up to maximum dose or 300mg (**Contraindicated with bradycardia <60**)
- OR**
- **Labetalol:** 10 mg IV for 1-2 minutes; then follow with a **continuous Labetalol infusion** given at a rate of 2-8 mg/min.
- OR**
- **Hydralazine** 10 mg IV push X2 doses
- OR**
- **Enalapril (Vasotec):** 1.25 – 2.5 mg IVP (peaks in 30 minutes)

**For SBP >230 mmHg DBP 121 – 140 mmHg:**

- **Labetalol:** 10 mg IV for 1-2 minutes; Dose may be repeated or doubled every 10 min up to maximum dose or 300mg (**Contraindicated with bradycardia <60**)
- OR**
- **Labetalol:** 10 mg IV for 1-2 minutes; then follow with a **continuous Labetalol drip** (infusion) given at a rate of 2-8 mg/min.
- OR**
- **Nicarpidine:** 5 mg/hr infusion as initial dose and titrate to desired effect by increasing 2.5 mg/hr every 5 minutes to a maximum of 15 mg/hr

**For Hypotension - Maintain SBP > 140**

- Bolus 500 mL 0.9 NS, caution with CHF, lung, & renal disease.
- Phenyleprine (Neosynephrine) 20 mg. in 250 ml D5/W. Titrate to maintain:  
SBP >120 mmHg and <160 mmHg or  
mean arterial blood pressure (MAP) ≥80 mmHg and <110 mmHg

Concerns or Questions? Call the Michigan Stroke Network at 1-866-522-8676