This protocol is intended for the patient experiencing an isolated hypertensive emergency. If a patient is experiencing difficulty breathing and/or has a history of asthma, emphysema, chronic bronchitis, congestive heart failure/pulmonary edema, symptomatic bradycardia, heart block >1st degree, cardiogenic shock or has taken cocaine or amphetamines, **DO NOT** administer Labetalol HCl.

**Adult Care**

**BLS**

1. Initial Assessment/Care ([Protocol 1](#)).

2. Keep the patient in a semi-Fowlers (reclined) position.

3. If signs or symptoms of CVA (Stroke)/brain attack are present, refer to Brain Attack ([Protocol 13](#)).

**ALS**

4. Establish IV access ([Procedure 13](#)).

5. If the blood pressure is > **200 systolic** and/or > **110 diastolic** AND the patient is exhibiting signs/symptoms of an acute hypertensive emergency such as a headache, nose bleed, dizziness, blurred vision:
   
   a) Administer **Labetalol Hydrochloride, 10 mg SLOW IV over two minutes**

   b) If the BP remains >**200/110** as defined above after **five minutes** of administration (regardless of presence or absence of symptoms), administer **Labetalol Hydrochloride, 10 mg SLOW IV over two minutes**.

6. If the blood pressure is > **200 systolic** and/or > **110 diastolic** without signs/symptoms of an acute hypertensive emergency, the patient will be transported ALS without Labetalol administration.

**MCP**

7. Additional Labetalol Hydrochloride

8. Pediatric Care