

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 **OR**, if the blood pressure is ≥ 220 systolic and/or ≥ 120 diastolic without signs/symptoms of an acute hypertensive emergency:
 - 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.

MCP

6. Additional Labetalol Hydrochloride

Pediatric Care

Contact MCP for direction.