

Appendix B: Preeclampsia/Severe Hypertension Medications (Quick Reference)

| Medication | Dose | Comments |
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| Labetalol (Normodyne & Trandate), IV Push | Initial dose: 20 mg IV. Maximum rate of administration: 10 mg/min | Maximum cumulative IV administered dose of labetalol is 300 mg/24 hours. Hold IV labetalol for maternal pulse under 60 beats/min. Precautions: Avoid parenteral labetalol with active asthma symptoms, heart disease, or congestive heart failure; use with caution with history of asthma. |
| Hydralazine (Apresoline), IV Push | Initial dose: 5 mg or 10 mg IV. Rate of administration: 5 mg/min | Maximum total dose 25 mg in 24 hours. Precautions: May have significant drop in BP after initial dose. When hydralazine is administered with labetalol or nifedipine, they potentiate each other and are more likely to cause maternal hypotension. Consult anesthesiology if more than 2 first-line antihypertensives are administered. |
| Immediate Release (IR) Nifedipine, Oral | Initial dose: 10 mg Oral. | Precautions: Oral nifedipine has been associated with an increase in maternal heart rate and may overshoot hypotension. Capsules should be administered orally and not punctured or administered sublingually. |
| Magnesium Sulfate 20 g/500 ml bag (0.04 gram/mL), IV Infusion | Initial (Loading dose): 4 g or 6 g over 20 minutes. Maintenance dose: 1-2 g/hour continuous infusion | Drug of choice for seizure prophylaxis. Contraindications: Myasthenia gravis; avoid with pulmonary edema, use caution with renal failure Monitor closely for signs/symptoms of magnesium toxicity. Have calcium gluconate available to treat magnesium toxicity. |
| Magnesium Sulfate IM | Dose: Total dose of 10 g IM. Administer 10 g as two 5 g IM injections into the upper outer quadrant of each buttock via Z-track technique | Administer IM magnesium sulfate if patient does not have IV access. |
| Calcium GLUCONATE, IV Push | Dose: 1 g IV. Administer over 3-5 minutes. | IV calcium gluconate is preferred. |
| Calcium CHLORIDE, IV Push | Dose: 500 mg IV. Administer over 3-5 minutes IVP calcium - central line preferred | Used as a Therapeutic Interchange if calcium gluconate is unavailable. There is an increased risk of extravasation with IV calcium chloride. |
| Fosphenytoin (drug diluted in 100 mL normal saline or 5% dextrose), IV | Loading dose: 6 mg phenytoin equivalents (PE)/kg IV per hour x 3 doses. Total = 18 mg PE/kg. Supplemental loading dose for non-therapeutic levels: <ul style="list-style-type: none"> • Serum levels <10 mcg/mL – re-dose 6 mg PE/kg • Serum levels 10-12 mcg/mL – re-dose 3 mg PE/kg Maintenance/intermittent dose: 4-6 mg PE/kg/day, divided in 2-3 doses daily. Administer each dose over 30 minutes. Maximum infusion rate is 150 mg PE/minute | Alternative drug used for seizure prophylaxis when magnesium sulfate is contraindicated. Refer to policy MDU011 Appendix B for management. Note: Fosphenytoin 1 mg PE = Phenytoin 1 mg |