

HYDRALAZINE - ADMINISTRATION OF IV HYDRALAZINE

This LOP is developed to guide clinical practice at the Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this LOP.

1. AIM

To ensure the safe prescribing and administration of hydralazine injection and infusion.

2. PATIENT

Obstetric patients with moderate to severe hypertension.

Obstetric patients with hypertensive emergencies associated with severe pre-eclampsia or eclampsia.

3. STAFF

Medical officers

Midwifery and nursing staff

4. EQUIPMENT

Hydralazine 20mg injection

Water for injection

Sodium chloride 0.9%

5. CLINICAL PRACTICE

Dosing:

Must be administered by IV injection only (NOT IM).

Administer fluid preload– 250mL sodium chloride 0.9% IV stat. **If patient is antenatal only.**

Administer initial dose of Hydralazine 10 mg IV over 3–10 minutes.

Record blood pressure (BP) every 5 minutes for 20 minutes.

Use CTG to continuously monitor the fetus.

Give a repeat dose of Hydralazine 10mg IV over 3–10 minutes after 20 minutes if required.

Record BP every 5 minutes and continue to monitor fetus.

Once BP has stabilised monitor BP hourly for 4 hours the return to usual pre-eclampsia regime.

Administration:

IV injection:

Reconstitute one 20mg hydralazine vial with 1mL water for injection then make up to 20mL with sodium chloride 0.9% to make a concentration of 1 mg/mL.

Continuous infusion:

Women requiring a continuous infusion should be cared for in Acute Care or Delivery Suite.

Add 50mg of Hydralazine to 50mL sodium chloride 0.9% to make a concentration of 1mg/mL.

Commence infusion at 3mg/hr, increasing or decreasing by 1mg/hr at **20** minute intervals according to blood pressure or medical orders.

Titration of IV Hydralazine:

Systolic > 155 – increase by 1mg/hr every 20 minutes until < 155

Systolic 126–154 – no change

Systolic < 125 –decrease by 1mg/hr every 20 minutes until infusion ceased

Record blood pressure and heart rate every **20** minutes until blood pressure stabilises then record hourly.

CLINICAL POLICIES, PROCEDURES & GUIDELINES

Approved by Quality & Patient Care Committee
7 July 2016

HYDRALAZINE - ADMINISTRATION OF IV HYDRALAZINE cont'd

6. DOCUMENTATION

Integrated clinical notes
NIMC
NSW Health Fluid Chart

7. EDUCATIONAL NOTES

Adverse Effects:

Tachycardia, palpitations, anginal symptoms, flushing, headache, dizziness, gastro-intestinal disturbances, these are commonly seen at the start of treatment and generally subside in the further course of treatment.

Precautions:

Patients with renal impairment.
Dehydration.

8. RELATED POLICIES/PROCEDURE/CLINICAL PRACTICE LOP

Management of severe hypertension.

9. RISK RATING

High

10. NATIONAL STANDARD

Medication Safety- NSQHSS Standard 4

11. REFERENCES

1. Australian Injectable Drugs Handbook, 6th Edition, Society of Hospital Pharmacists of Australia 2015.
2. MIMS online available via CIAP accessed 11/11/2015

REVISION & APPROVAL HISTORY

Reviewed and endorsed Therapeutic & Drug Utilisation Committee 21/6/16
Previous title *Hydralazine – Administration of IV Hydralazine to Antenatal Patients*
Approved Quality & Patient Care Committee 4/2/16
Reviewed and endorsed Therapeutic & Drug Utilisation Committee 8/12/15
Approved Quality & Patient Safety Committee 17/5/12
Reviewed Therapeutic & Drug Utilisation Committee 17/4/12
Approved Patient Care Committee 6/11/08
Reviewed Therapeutic & Drug Utilisation Committee 21/10/08
Approved RHW Council 25/5/98 & 27/11/2000

FOR REVIEW: JULY 2018